

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007658

**Entity Name:** PHYSICIAN REFERENCE DIRECTORY, L.L.C.

**Current Principal Place of Business:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**Current Mailing Address:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**FEI Number: 02-0578401**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WEATHERFORD, BILL  
1150 LOUISIANA AVENUE STE 4  
WINTER PARK, FL 32789 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Authorized Person(s) Detail :**

Title	PRES	Title	MGR
Name	BATCHELDER, SHERYL	Name	BATCHELDER, CURT L
Address	1809 S. DIVISION AVE.	Address	1809 S. DIVISION AVE.
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	ORLANDO FL 32805

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SHERYL BATCHELDER**

**PRESIDENT**

**04/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date