

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110123

Entity Name: AMERIDOC PHYSICIAN NETWORK, LLC

Current Principal Place of Business:

14785 PRESTON ROAD
STE 975
DALLAS, TX 75354

Current Mailing Address:

14785 PRESTON ROAD
STE 975
DALLAS, TX 75354 US

FEI Number: 30-0515938

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 MGRM
Name AMERIDOC, LLC
Address 14785 PRESTON ROAD
STE 975
City-State-Zip: DALLAS TX 75354

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: DAVID E. LINDSEY

CEO

04/25/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date