

**2013 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

**FILED**  
**Feb 01, 2013**  
**Secretary of State**  
**CC0665350095**

**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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: DAVID E. LINDSEY**

**CEO**

**02/01/2013**

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

\_\_\_\_\_  
Date