

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000003453

**Entity Name:** PHYSICIAN RELATIONS GROUP, LLC

**Current Principal Place of Business:**

1312 E. CERVANTES STREET  
PENSACOLA, FL 32501

**Current Mailing Address:**

1312 E. CERVANTES STREET  
PENSACOLA, FL 32501

**FEI Number: 26-3715316**

**Certificate of Status Desired: No**

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

REECE, LYNN  
1312 E. CERVANTES STREET  
PENSACOLA, FL 32501 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 MGR  
Name REECE, LYNN  
Address 1312 E CERVANTES ST  
City-State-Zip: PENSACOLA FL 32501

*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: LYNN REECE**

**MGR**

**04/03/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date