

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000003453

Entity Name: PHYSICIAN RELATIONS GROUP, LLC

Current Principal Place of Business:

1056 FT. PICKENS ROAD
PENSACOLA BEACH, FL 32561

Current Mailing Address:

1056 FT. PICKENS ROAD
PENSACOLA BEACH, FL 32561 US

FEI Number: 26-3715316

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REECE, LYNN
1056 FT. PICKENS ROAD
PENSACOLA BEACH, FL 32561 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 1056 FT. PICKENS ROAD
City-State-Zip: PENSACOLA BEACH FL 32561

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: LYNN REECE

MGR

02/25/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date