

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