

**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