

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082290

**Entity Name:** PHYSICIANS ACCOUNTABLE CARE ORGANIZATION, LLC

**Current Principal Place of Business:**

301 S LAKE ST.  
LEESBURG, FL 34748

**Current Mailing Address:**

301 S LAKE ST.  
LEESBURG, FL 34748 US

**FEI Number: 27-3308676**

**Certificate of Status Desired: No**

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

SCOTT, KENNETH L  
301 SOUTH LAKE STREET  
LEESBURG, FL 34748 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 JACOBSON, HAL M  
Address 301 S LAKE ST.  
City-State-Zip: LEESBURG FL 34748

Title MGR  
Name SCOTT, KENNETH L  
Address 301 S LAKE ST.  
City-State-Zip: LEESBURG FL 34748

*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: JACOBSON HAL M**

**MGR**

**03/06/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date