

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000037140

Entity Name: PHYSICIANS CARE MANAGEMENT NETWORK LLC

Current Principal Place of Business:

931 SE OCEAN BLVD.
STUART, FL 34994

Current Mailing Address:

931 SE OCEAN BLVD.
STUART, FL 34994 US

FEI Number: 46-4978370

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MILDNER, ROY ESQ
423 DELAWARE AVENUE
FORT PIERCE, FL 34950 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 ELLIOTT, PAUL
Address 931 SE OCEAN AVENUE
City-State-Zip: STUART FL 34994

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: PAUL A ELLIOTT

MGR

01/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date