

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000175180

Entity Name: PATIENT RESOURCE NETWORK, LLC

Current Principal Place of Business:

808 HEATHER GLEN CIRCLE
LAKE MARY, FL 32746

Current Mailing Address:

1607 CHERRYWOOD LN
LONGWOOD, FL 32750 US

FEI Number: 83-1702059

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

GRAVES, CHARLES E III
1901 E 2ND ST
SANFORD, FL 32771 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 GRAVES, CHARLES E III
Address 1901 E 2ND ST
City-State-Zip: SANFORD FL 32771

Title MGR
Name HUDSON, ZACHIARY
Address 808 HEATHER GLEN CIRCLE
City-State-Zip: LONGWOOD FL 32746

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: CHARLES E GRAVES III

MGR

02/05/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date