

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000497

**Entity Name:** PROPHECY GROUP, L.C.**Current Principal Place of Business:**1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578**Current Mailing Address:**1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578**FEI Number:** 59-3378308**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PERRI, DANIEL C  
5 CLIFFORD DRIVE  
SHALIMAR, FL 32579 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	MGRM
Name	HARRIS, MICHAEL A
Address	1005 W COLLEGE BLVD, SUITE A
City-State-Zip:	NICEVILLE FL 32578
Title	MGR
Name	MARK S CALKINS M.D.P.A. RET. PLAN & TRUST
Address	550 TWIN CITIES BLVD
City-State-Zip:	NICEVILLE FL 32578
Title	MGR
Name	TURNER, GREGORY W
Address	4400 E HWY 20
City-State-Zip:	NICEVILLE FL 32578

Title	MGR
Name	MICHAEL A. HARRIS M.D.P.A. PENSION PLAN
Address	1005 W COLLEGE BLVD, SUITE A
City-State-Zip:	NICEVILLE FL 32578
Title	MGR
Name	BONE AND JOINT CLINIC PROFIT SH PL & TRUST
Address	3792 GRAYMARKET DR
City-State-Zip:	LAKE CHARLES LA 70605

*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: MICHAEL A HARRIS****MGRM****04/29/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date