

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000007841

Entity Name: NORTH AMERICAN PHYSICIAN CONSULTANTS LLC

Current Principal Place of Business:

14600 WHIRLWIND AVE.
C/O AXIOUN STRATEGIC PLANNING LLC SUITE 221
JACKSONVILLE, FL 32218

Current Mailing Address:

14600 WHIRLWIND AVE.
C/O AXIOUN STRATEGIC PLANNING LLC SUITE 221
JACKSONVILLE, FL 32218 US

FEI Number: 46-3829262

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AXIOUN STRATEGIC PLANNING LLC
14600 WHIRLWIND AVE.
SUITE 221
JACKSONVILLE, FL 32218 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: PADRAIC E. MULVIHILL, PARTNER & MANAGING MEMBER, AXIOUN

01/16/2015

~~STRATEGIC PLANNING LLC~~
Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name TYSON VENTURES LLC
Address 4134 ALHAMBRA DR W
City-State-Zip: JACKSONVILLE FL 32207

Title MANAGING MEMBER
Name AXIOUN STRATEGIC PLANNING LLC
Address 14600 WHIRLWIND AVE.
 SUITE 221
City-State-Zip: JACKSONVILLE FL 32218

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: P.E. MULVIHILL, AXIOUN STRATEGIC PLANNING
LLC

REGISTERED AGENT

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date