

2016 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M14000007841

Entity Name: NORTH AMERICAN PHYSICIAN CONSULTANTS LLC**Current Principal Place of Business:**200 MONUMENT ROAD
JACKSONVILLE, FL 32225**Current Mailing Address:**P.O. BOX 352030.
JACKSONVILLE, FL 32235 US**FEI Number:** 46-3829262**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TYSON VENTURES LLC
4134 ALHAMBRA DR W
JACKSONVILLE, FL 32207 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:** / TYSON VENTURES LLC /

08/19/2016

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	PRESIDENT/ CEO
Name	OZA, SAUMIL R DR.
Address	200 MONUMENT ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	VP & SECRETARY
Name	OZA, SAUMIL R. DR.
Address	200 MONUMENT ROAD
City-State-Zip:	JACKSONVILLE FL 32225

Title	TREASURER
Name	OZA, SAUMIL R. DR.
Address	200 MONUMENT ROAD
City-State-Zip:	JACKSONVILLE FL 32225

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: SAUMIL R. OZA, MD**PRESIDENT & CEO**

08/19/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date