

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L01000002970

**FILED  
Nov 17, 2011  
Secretary of State****Entity Name:** FLORIDA RESEARCH NETWORK, L.L.C.**Current Principal Place of Business:**6800 NW 9TH BLVD  
SUITE 1  
GAINESVILLE, FL 32605**New Principal Place of Business:****Current Mailing Address:**  
  
6800 NW 9TH BLVD  
SUITE 1  
GAINESVILLE, FL 32605**New Mailing Address:****FEI Number:** 59-3701651      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MALPHURS, KURT D MANAGER  
6800 NW 9TH BLVD  
SUITE 1  
GAINESVILLE, FL 32605 US**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**Title: MGRM  
Name: ASHLEY, ROBERT G MD  
Address: 6800 NW 9TH BLVD SUITE 1  
City-St-Zip: GAINESVILLE, FL 32605Title: MGRM  
Name: MALPHURS, KURT D BSN/RPM  
Address: 6800 NW 9TH BLVD SUITE 1  
City-St-Zip: GAINESVILLE, FL 32605Title: MGRM  
Name: WIECHMANN, BRET N MD  
Address: 6800 NW 9TH BLVD SUITE 1  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** KURT D MALPHURS

MGRM

11/17/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date