

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000007658

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** PHYSICIAN REFERENCE DIRECTORY, L.L.C.

**Current Principal Place of Business:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**New Principal Place of Business:**

**Current Mailing Address:**

1809 S. DIVISION AVE.  
ORLANDO, FL 32805

**New Mailing Address:**

**FEI Number:** 02-0578401

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEATHERFORD, BILL  
1150 LOUISIANA AVENUE STE 4  
WINTER PARK, FL 32789 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:** PRES  
**Name:** BATCHELDER, SHERYL  
**Address:** 1809 S. DIVISION AVE.  
**City-St-Zip:** ORLANDO, FL 32805

**Title:** MGR  
**Name:** BATCHELDER, CURT L  
**Address:** 1809 S. DIVISION AVE.  
**City-St-Zip:** ORLANDO, FL 32805

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:** SHERYL A BATCHELDER

PRES

03/21/2012

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