

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047024

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** WEST FLORIDA PHYSICIAN NETWORK, LLC

**Current Principal Place of Business:**

ONE PARK PLAZA  
NASHVILLE, TN 37203

**New Principal Place of Business:**

**Current Mailing Address:**

ONE PARK PLAZA - LEGAL DEPT.  
NASHVILLE, TN 37203

**New Mailing Address:**

**FEI Number:** 80-0412061

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGR  
**Name:** CLIFTON, STEVEN E  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203

**Title:** MGR  
**Name:** STINNETT, DONALD W  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203

**Title:** MGR  
**Name:** RUTHERFORD, WILLIAM B  
**Address:** ONE PARK PLAZA  
**City-St-Zip:** NASHVILLE, TN 37203

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:** STEVEN E. CLIFTON

MGR

04/30/2012

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