

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000055956

FILED
Feb 28, 2012
Secretary of State

Entity Name: PHYSICIAN MANAGEMENT OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401

New Principal Place of Business:

Current Mailing Address:

1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401

New Mailing Address:

FEI Number: 27-0338226

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCKENZIE, AMBER N
1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401 US

Name and Address of New Registered Agent:

MCKENZIE, WILLIAM T
1397 JENKS AVENUE
SUITE #1
PANAMA CITY, FL 32401 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: WILLIAM T MCKENZIE

02/28/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCKENZIE, WILLIAM T
Address: 1397 JENKS AVENUE, SUITE #1
City-St-Zip: PANAMA CITY, FL 32401

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: WILLIAM T MCKENZIE

MGRM

02/28/2012

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