

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000103222

**FILED**  
**Feb 22, 2010**  
**Secretary of State**

**Entity Name:** PROVIDER FINANCIAL GROUP, LLC

**Current Principal Place of Business:**

2112 WESLEY CT  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180982  
TALLAHASSEE, FL 32318

**New Mailing Address:**

**FEI Number:** 27-0844381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CAMERON, COREY D  
2112 WESLEY CT  
TALLAHASSEE, FL FL 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:** MGMB  
**Name:** CAMERON, COREY  
**Address:** 2112 WESLEY CT  
**City-St-Zip:** TALLAHASSEE, FL 32303

**Title:** MEMB  
**Name:** CAMERON, TATUM  
**Address:** 2112 WESLEY CT  
**City-St-Zip:** TALLAHASSEE, FL 32303

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:** COREY COREY CAMERON

MMGM

02/22/2010

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