

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000024501

FILED  
Jan 23, 2012  
Secretary of State

**Entity Name:** MOBILE PHYSICIAN NETWORK, LLC

**Current Principal Place of Business:**

3601 WILDERNESS WAY  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

1033 NE 17 WAY  
1901  
FORT LAUDERDALE, FL 33304 US

**Current Mailing Address:**

3601 WILDERNESS WAY  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

1033 NE 17 WAY  
1901  
FORT LAUDERDALE, FL 33304 US

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

SIMON, SCOTT  
3601 WILDERNESS WAY  
CORAL SPRINGS, FL 33065 US

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

SIMON, S  
1033 NE 17 WAY  
1901  
FORT LAUDERDALE, FL 33304 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: SSIMON

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KING, PETER B  
Address: 101 CHADWICK COMMONS SQUARE, SUITE C  
City-St-Zip: HENDERSONVILLE, NC 28739 US

Title: MGRM  
Name: SIMON, S  
Address: 1033 NE 17 WAY SUITE 1901  
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: SSIMON

MGRM

01/23/2012

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