

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L96000000497

Entity Name: PROPHECY GROUP, L.C.

**FILED**  
**Feb 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578

**New Principal Place of Business:**

**Current Mailing Address:**

1005 W COLLEGE BLVD, SUITE A  
NICEVILLE, FL 32578

**New Mailing Address:**

FEI Number: 59-3378308

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PERRI, DANIEL C  
5 CLIFFORD DRIVE  
SHALIMAR, FL 32579 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: MGRM  
Name: HARRIS, MICHAEL A  
Address: 1005 W COLLEGE BLVD, SUITE A  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR  
Name: MICHAEL A. HARRIS M.D.P.A. PENSION PLAN  
Address: 1005 W COLLEGE BLVD, SUITE A  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR  
Name: MARK S CALKINS M.D.P.A. RET. PLAN & TRUST  
Address: 550 TWIN CITIES BLVD  
City-St-Zip: NICEVILLE, FL 32578

Title: MGR  
Name: BONE AND JOINT CLINIC PROFIT SH PL & TRUST  
Address: 3792 GRAYMARKET DR  
City-St-Zip: LAKE CHARLES, LA 70605

Title: MGR  
Name: TURNER, GREGORY W  
Address: 4400 E HWY 20  
City-St-Zip: NICEVILLE, FL 32578

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: MICHAEL A HARRIS

MGRM

02/21/2011

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