

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000497

FILED
Feb 15, 2012
Secretary of State

Entity Name: PROPHECY GROUP, L.C.

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

MGR

02/15/2012

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