2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# M02000002257

Entity Name: DOCTORS MANAGEMENT, LLC

Current Principal Place of Business:

2631-A N.W. 41ST STREET
GAINESVILLE, FL 32606 US

New Principal Place of Business:

Current Mailing Address:

10401 KINGSTON PIKE
KNOXVILLE, TN 37922

New Mailing Address:

FEI Number: 62-1599724 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVANS, B. PHILLIP JR.
2631-A N.W. 41ST STREET
GAINESVILLE, FL 32606 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/MEMBERS:

Title:	MGR	( ) Delete
Name:	KING, PAUL L	
Address:	PO 23590	
City-St-Zip:	KNOXVILLE, TN 37933	
Title:	MGR	( ) Delete
Name:	EVANS, PHIL	
Address:	2631-A NW 41ST STREET	
City-St-Zip:	GAINESVILLE, FL 32606	
Title:	MGR	( ) Delete
Name:	KING, WILLIAM	
Address:	PO 23590	
City-St-Zip:	KNOXVILLE, TN 37933	
Title:	MGR	( ) Delete
Name:	ROTHENBERG, DALE	
Address:	PO 23590	
City-St-Zip:	KNOXVILLE, TN 37933	
Title:	MGR	( ) Delete
Name:	BRISTOW, WILLIAM	
Address:	PO 23590	
City-St-Zip:	KNOXVILLE, TN 37933	
Title:	MGR	( ) Delete
Name:	WHITE, JO	
Address:	P.O. BOX 23590	
City-St-Zip:	KNOXVILLE, TN 37933	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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: JO H. WHITE MGR 01/05/2005

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