## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 06, 2007 8:00 am Secretary of State

DOCUMENT # M02000002257  1. Entity Name DOCTORS MANAGEMENT, LLC						03-06-2007	7 90080 00	9 ****5(	0.00
Principal Plac 2631-A N.W GAINESVILLE	. 41ST STRE	ET		Mailing Address 10401 KINGSTON PIKE KNOXVILLE, TN 37922			-aux - 2014 - 70140   10	*** ***********************************	
2. Principal Place of Business - No P.O. Box #			3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02272007 Chg-LLC ·-	- CR2E0	83 (12/06)		
City & State		City & State			4. FEI Number 62-1599724		1—1—	pplied For ot Applicable	
Zip	Zip Country		Zip Counti		try	5. Certificate of Status Desired	, L	\$5.00 Add Fee Require	
6. Name and Address of Current Registered Agent					Name	7. Name and Address of New	v Registered A	Agent	
EVANS, B. PHILLIP JR.					Marie				
2631-A N.W. 41ST STREET GAINESVILLE, FL 32606					Street Address (P.O. Box Number is Not Acceptable)				
CAMEOVICEE, I'E 32000			City		City			Zip Cod	
				City		<i>"</i>	F <u>L</u>	Щ`	
<ol> <li>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. I am familiar with, and accept the obligations of registered agent.</li> </ol>									
SIGNATURE	Signature, typed	or printed name of registered agent a	nd title it applicable. (NOTE	: Registered	Agent algorature require	d when reinstating)	DATE		<del></del> -
Filing Fee is \$50.00 Due by May 1, 2007									, d
							ake check pa Ida Departme		<b>9</b>
9.	ue by May		RS/MANAGERS	10.		ADDITION			9
9. TITLE	MGR	y 1, 2007  MANAGING MEMBER	RS/MANAGERS	TITLE		ADDITION IGR	lda Departme		<b>⊗</b> Addition
9.	ue by May	MANAGING MEMBER		TITLE	: D	ADDITION	lda Departme	ent of Stat	
9. TITLE NAME	MGR KING, PA PO 23590	MANAGING MEMBER		TITLE NAME STREE	ET ADDRESS P	ADDITION  IGR  ouglas Driver	lda Departme	ent of Stat	
9. IITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KING, PA PO 23590 KNOXVILI	MANAGING MEMBER JUL L D LE, TN 37933		TITLE NAME STREE	E D ET ADDRESS P -ST-ZIP N	ADDITION IGR ouglas Driver O. Box 111450	lda Departme	ent of Stat	
9. TITLE NAME STREET ADDRESS CHY-SI-ZIP TITLE NAME	MGR KING, PA PO 23590 KNOXVILI MGR EVANS, F	MANAGING MEMBER  JUL L  LE, TN 37933	☐ Delete	TITLE NAME STREE CITY- TITLE NAME	E D ET ADDRESS P ST-ZIP N  M	ADDITION IGR ouglas Driver O. Box 111450 ashville, TN 37222 GR avid Keller	lda Departme	ent of Stat	<b>X</b> Addition
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