

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002257

FILED
Jan 16, 2009
Secretary of State

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/MANAGERS:

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
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City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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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 exemption stated in Chapter 119, 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

01/16/2009

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