

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000002257

FILED  
Feb 06, 2012  
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  
Name: KING, PAUL L  
Address: PO 23590  
City-St-Zip: KNOXVILLE, TN 37933

Title: MGR  
Name: EVANS, PHIL  
Address: 2631-A NW 41ST STREET  
City-St-Zip: GAINESVILLE, FL 32606

Title: MGR  
Name: KING, WILLIAM  
Address: PO 23590  
City-St-Zip: KNOXVILLE, TN 37933

Title: MGR  
Name: ROTHENBERG, DALE  
Address: PO 23590  
City-St-Zip: KNOXVILLE, TN 37933

Title: MGR  
Name: BRISTOW, WILLIAM  
Address: PO 23590  
City-St-Zip: KNOXVILLE, TN 37933

Title: MGR  
Name: KING, T. BLAKE  
Address: P.O. BOX 23590  
City-St-Zip: KNOXVILLE, TN 37933

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: JO H WHITE

SEC

02/06/2012

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