

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003609

FILED
Jan 13, 2011
Secretary of State

Entity Name: PUTNAM PHYSICIAN PRACTICES, LLC

Current Principal Place of Business:

103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 26-3042979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: P
Name: JUDY, JESS N
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: S
Name: COGGIN, MICHAEL S
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: VP
Name: W. VAIL, WILLIS
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: VP
Name: MONTE, CHRISTOPHER J
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: VP
Name: SYKES, DANIEL
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

Title: VP
Name: VAUGHN, TIMOTHY D
Address: 103 POWELL CT STE 200
City-St-Zip: BRENTWOOD, TN 37027

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: CHRISTOPHER J. MONTE

VP

01/13/2011

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