

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**M1000000754**

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

2010 JUL 21 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED
10 JUL 21 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LIFE CARE PHYSICIAN SERVICES, LLC

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

C. LEWIS

JUL 22 2010

EXAMINER

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2010 JUL 21 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY
TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Life Care Physician Services, LLC

2. This entity was formed under the laws of: Tennessee

3. This entity was authorized to transact business in Florida on February 17, 2010
and its Florida document/registration number is ML0000000754

4. The name and address of each manager or managing member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Forrest L. Preston

3570 Keith Street, NW

Cleveland, TN 37312

MGR

JoAnna Crooks

3570 Keith Street, NW

Cleveland, TN 37312

MGR

Cindy S. Cross

3570 Keith Street, NW

Cleveland, TN 37312

MGR

Joan E. Thurmond

3570 Keith Street, NW

Cleveland, TN 37312

Required Signature: Joan E. Thurmond

Signature of Manager, Managing Member or Member

Filing Fee: \$25