2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2012
Secretary of State

DOCUMENT# M11000000657

Entity Name: PHYSIOM, LLC

Current Principal Place of Business:

3290 NORTHSIDE PARKWAY, SUITE 300
ATLANTA, GA 30327

New Principal Place of Business:

3284 NORTHSIDE PARKWAY SUITE 600
ATLANTA, GA 30327

Current Mailing Address:

3290 NORTHSIDE PARKWAY, SUITE 300
ATLANTA, GA 30327

New Mailing Address:

3284 NORTHSIDE PARKWAY SUITE 600
ATLANTA, GA 30327

FEI Number: 20-1054974 **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: MGR
Name: GUY, JOHN W JR.
Address: 3284 NORTHSIDE PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30327

Title: MGR
Name: CRAFT, J. DOUGLAS
Address: 3284 NORTHSIDE PARKWAY, SUITE 600
City-St-Zip: ATLANTA, GA 30327

Title: MGR
Name: LOCKWOOD, BRUCE M.D.
Address: 1300 OAKRIDGE BLVD, SUITE 130
City-St-Zip: FORT COLLINS, CO 80525

Title: MGR
Name: FLORES, RICHARD A
Address: 1300 OAKRIDGE BLVD, SUITE 130
City-St-Zip: FORT COLLINS, CO 80525

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 Statues.

SIGNATURE: J DOUGLAS CRAFT MGR 02/02/2012

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