

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000042554

**Entity Name:** THE PHYSICIANS ADVOCATE, LLC

**Current Principal Place of Business:**

6301 NW 5TH WAY  
SUITE 2800  
FORT LAUDERDALE, FL 33309

**Current Mailing Address:**

6301 NW 5TH WAY  
SUITE 2800  
FORT LAUDERDALE, FL 33309 0

**FEI Number:** 57-1205720

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

PRESTERA, CHRISTOPHER  
2731 NE 10TH STREET  
POMPANO BEACH, FL 33062 US

*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

**Authorized Person(s) Detail :**

Title MGR  
Name PRESTERA, CHRISTOPHER  
Address 2731 NE 10TH STREET  
City-State-Zip: POMPAN BEACH FL 33062

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PRESTERA, CHRISTOPHER V

**CEO**

**01/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date