2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Apr 30, 2013
Secretary of State
CC0324657991

DOCUMENT# L08000087258

Entity Name: TRANSMISSION PHYSICIAN LLC

Current Principal Place of Business:

417 SOUTH BAY ST
EUSTIS, FL 32726

Current Mailing Address:

417 SOUTH BAY ST
EUSTIS, FL 32726 US

FEI Number: 11-3754495

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOGAN, CHAD
417 SOUTH BAY ST
EUSTIS, FL 32726 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	LOGAN, CHAD
Address	3407 OAK BROOK LANE
City-State-Zip:	EUSTIS FL 32736

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHAD LOGAN MGR 04/30/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date