

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000101917

Entity Name: SPECIALIST DOCTORS' GROUP, LLC

Current Principal Place of Business:

210 N. ALEXANDER ST.
PLANT CITY, FL 33563-4302

Current Mailing Address:

P.O. BOX 770
LITHIA, FL 33547

FEI Number: 27-3582922

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DANIEL M. COTON, ESQUIRE
121 N. COLLINS ST
PLANT CITY, FL 33563 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 CHAUDHRY, SHAFIQ M
Address 210 N. ALEXANDER STREET
City-State-Zip: PLANT CITY FL 33563

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: SHAFIQ CHAUDHRY

MGR

04/27/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date