

**2013 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:**

CHAUDHRY, SHAWN D  
210 N. ALEXANDER STREET  
SUITE A  
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	CEO	Title	MGR
Name	CHAUDHRY, YAHYA M	Name	CHAUDHRY, SHAFIQ M
Address	210 N. ALEXANDER STREET, SUITE A	Address	210 N. ALEXANDER STREET
City-State-Zip:	PLANT CITY FL 33563	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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: YAHYA M. CHAUDHRY**

**CEO**

**01/21/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date