

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087568

Entity Name: PENNSYLVANIA PHYSICIANS SERVICES, LLC

Current Principal Place of Business:

400 GATLIN AVENUE
ORLANDO, FL 32806

Current Mailing Address:

400 GATLIN AVENUE
ORLANDO, FL 32806 US

FEI Number: 45-2867449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELOACH BRYANT, CARLA
1206 EAST RIDGEWOOD STREET
ORLANDO, FL 32806 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 DELOACH, CASEY B
Address 400 GATLIN AVENUE
City-State-Zip: ORLANDO FL 32806

Title MGR
Name CRABTREE, JOHN
Address 400 GATLIN AVENUE
City-State-Zip: ORLANDO FL 32806

Title MGR
Name KENEFICK, BRETT
Address 400 GATLIN AVENUE
City-State-Zip: ORLANDO FL 32806

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: CASEY B DELOACH

MGR

04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date