

**2013 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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRETT KENEFICK

MGR

04/23/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date