

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000082065

**Entity Name:** PHYSICIAN RESOURCE GROUP, LLC

**Current Principal Place of Business:**

1933 W COPANS RD  
POMPANO BEACH, FL 33064

**Current Mailing Address:**

1933 W COPANS RD  
POMPANO BEACH, FL 33064

**FEI Number:** 90-0993508

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TYLER, LINDA  
1933 W COPANS RD  
POMPANO BEACH, FL 33064 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:** LINDA TYLER

03/23/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TYLER, LINDA  
Address 1933 W COPANS RD  
City-State-Zip: POMPANO BEACH FL 33064

Title MGR  
Name TYLER, CHRISTINA  
Address 1933 W COPANS RD  
City-State-Zip: POMPANO BEACH FL 33064

*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:** LINDA TYLER

MANAGER

03/23/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date