

**2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001654

**FILED  
Apr 10, 2014  
Secretary of State  
CC3731016952**

**Entity Name:** PALM COAST MEDPRO PARTNERS, LLC

**Current Principal Place of Business:**

1010 HIGH HOUSE RD  
SUITE 105  
CARY, NC 27513

**Current Mailing Address:**

1010 HIGH HOUSE RD  
SUITE 105  
CARY, NC 27513

**FEI Number:** 26-1484396

**Certificate of Status Desired:** No

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

SCHEMBRI, JENIFER S  
240 S. PINEAPPLE AVE., 10TH FLOOR  
SARASOTA, FL 34236 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 OAKS, MAX  
Address 1010 HIGH HOUSE RD, SUITE 105  
City-State-Zip: CARY NC 27513

Title MGR  
Name ANGUS, KERRY  
Address 2200 PARK BEND DR, BLDG 1 - #400  
City-State-Zip: AUSTIN TX 78758

Title MGR  
Name BROCK, GREG  
Address 1010 HIGH HOUSE RD, SUITE 105  
City-State-Zip: CARY NC 27513

*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:** MAXWELL OAKS

**MANAGER**

**04/10/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date