

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003609

Entity Name: PUTNAM PHYSICIAN PRACTICES, LLC**Current Principal Place of Business:**103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027**Current Mailing Address:**103 POWELL CT
SUITE 200
BRENTWOOD, TN 37027**FEI Number: 26-3042979****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 P
Name JUDY, JESS N
Address 103 POWELL CT STE 200
City-State-Zip: BRENTWOOD TN 37027

Title ASSISTANT SECRETARY
Name CLARK, JEREMY D.
Address 103 POWELL CT
City-State-Zip: BRENTWOOD TN 37027

Title VP
Name SYKES, DANIEL
Address 103 POWELL CT STE 200
City-State-Zip: BRENTWOOD TN 37027

Title VP
Name VAUGHN, TIMOTHY D.
Address 103 POWELL CT
City-State-Zip: BRENTWOOD TN 37027

Title T
Name COGGIN, MICHAEL S
Address 103 POWELL CT STE 200
City-State-Zip: BRENTWOOD TN 37027

Title VP
Name MONTE, CHRISTOPHER J
Address 103 POWELL CT STE 200
City-State-Zip: BRENTWOOD TN 37027

Title S
Name GREEN, CHRISTY S
Address 103 POWELL CT STE 200
City-State-Zip: BRENTWOOD TN 37027

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: CHRISTY S. GREEN**SECRETARY****01/30/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date