

**2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M12000004070

**Entity Name:** CARESOUTH PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

3135 SOUTHGATE CIRCLE  
SARASOTA, FL 34239

**Current Mailing Address:**

3135 SOUTHGATE CIRCLE  
SARASOTA, FL 34239 US

**FEI Number:** 80-0826911

**Certificate of Status Desired:** No

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

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DRIVE  
SUITE A  
TALLAHASSEE, FL 32301 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	AUTHORIZED MEMBER	Title	MANAGER
Name	DRATLER, STANLEY M DR.	Name	DRATLER, STANLEY M DR.
Address	3135 SOUTHGATE CIRCLE	Address	3135 SOUTHGATE CIRCLE
City-State-Zip:	SARASOTA FL 34239	City-State-Zip:	SARASOTA FL 34239

*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:** RICK W GRIFFIN

MANAGER

04/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date