

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 |
| | | | |
| Title | AUTHORIZED REPRESENTATIVE | | |
| Name | TRIPP, KELLY C | | |
| Address | PO BOX 200 | | |
| City-State-Zip: | AUGUSTA GA 30903-0200 | | |

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: KELLY C TRIPP

**AUTHORIZED
REPRESENTATIVE**

06/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date