Current Mailing Address:	
8616 WHISPERING WILLOW COURT ORLANDO, FL 32838 US	
FEI Number: 56-2408723 Certificate of Status Desired:	No
Name and Address of Current Registered Agent:	
REGISTERED AGENT SOLUTIONS, INC.	
155 OFFICE PLAZA DRIVE TALLHASSEE, FL 32301 US	
TALLHASSEE, 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.	29/2022
TALLHASSEE, 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:       JACLYN WRIGHT         04/2	29/2022 Date
TALLHASSEE, 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:       JACLYN WRIGHT         04/2	
TALLHASSEE, 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:       JACLYN WRIGHT       04/2         Electronic Signature of Registered Agent	
TALLHASSEE, 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: JACLYN WRIGHT 04/2 Electronic Signature of Registered Agent Officer/Director Detail :	
TALLHASSEE, 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:       JACLYN WRIGHT       04/2         Electronic Signature of Registered Agent       04/2         Officer/Director Detail :       Title       DIRECTOR	Date

## 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VYAS, NAYANA

Electronic Signature of Signing Officer/Director Detail

04/29/2022

## FILED Apr 29, 2022 Secretary of State 6267253481CC

**Current Principal Place of Business:** 

Entity Name: FAMILY PHYSICIANS GROUP, INC.

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

8616 WHISPERING WILLOW COURT ORLANDO, FL 32838

DOCUMENT# P03000068997

# Current Mailing Address

PRES.