

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000301

**Entity Name:** MATILSKY & MORRIS PRIMARY CARE PHYSICIANS, LLC

**Current Principal Place of Business:**

2900 N. MILITARY TRAIL  
STE 245  
BOCA RATON, FL 33431

**Current Mailing Address:**

2900 N. MILITARY TRAIL  
STE 245  
BOCA RATON, FL 33431

**FEI Number:** 27-1615796

**Certificate of Status Desired:** No

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

COHEN, DOUGLAS A  
11248 WESTLAND CIRCLE  
BOYNTON BEACH, FL 33437 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 MGRM  
Name MORRIS, STEVE  
Address 2900 N. MILITARY TRAIL, STE 245  
City-State-Zip: BOCA RATON FL 33431

Title MGRM  
Name MATILSKY, MERNA  
Address 2900 N. MILITARY TRAIL, STE 245  
City-State-Zip: BOCA RATON FL 33431

*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:** MERNA MATILSKY

**PRESIDENT**

**02/04/2020**

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

\_\_\_\_\_  
Date