

2014 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
7425 ANDORRA PLACE
BOCA RATON, FL 33433 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

03/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date