

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000036567

**Entity Name:** W & W PHYSICIAN PRACTICE MANAGEMENT, LLC

**Current Principal Place of Business:**

30711 SADDLEBAG TRAIL  
MYAKKA CITY, FL 34251

**Current Mailing Address:**

30711 SADDLEBAG TRAIL  
MYAKKA CITY, FL 34251 US

**FEI Number:** 27-2282663

**Certificate of Status Desired:** No

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

WILLIAMS, KAREN  
30711 SADDLEBAG TRAIL  
MYAKKA CITY, FL 34251 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 WILLIAMS, KAREN  
Address 30711 SADDLEBAG TRAIL  
City-State-Zip: MYAKKA CITY FL 34251

*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:** KAREN E WILLIAMS

**PRESIDENT**

**03/02/2015**

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

\_\_\_\_\_  
Date