

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036567

Entity Name: W & W PHYSICIAN PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

20 CLIFF VIEW CT
SEDONA, AZ 86336

Current Mailing Address:

20 CLIFF VIEW CT
SEDONA, AZ 86336 US

FEI Number: 27-2282663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
20 CLIFF VIEW CT
SEDONA, FL 86336 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 20 CLIFF VIEW CT
City-State-Zip: SEDONA AZ 86336

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

MGRM

02/06/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date