

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036567

Entity Name: W & W PHYSICIAN PRACTICE MANAGEMENT, LLC

Current Principal Place of Business:

1900 NORTH ATLANTIC AVE.
APT 1104
DAYTONA BEACH, FL 32118

Current Mailing Address:

1900 NORTH ATLANTIC AVE.
APT 1104
DAYTONA BEACH, FL 32118 US

FEI Number: 27-2282663

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KAREN
1900 NORTH ATLANTIC AVE.
APT 1104
DAYTONA BEACH, FL 32118 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 1900 NORTH ATLANTIC AVE.
APT 1104
City-State-Zip: DAYTONA BEACH FL 32118

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 WILLIAMS

PRESIDENT

03/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date