

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000053644

**Entity Name:** WOMEN'S PERSONAL PHYSICIANS, LLC

**Current Principal Place of Business:**

8950 N. KENDALL DRIVE  
SUITE 302  
MIAMI, FL 33176

**Current Mailing Address:**

3225 AVIATION AVENUE  
SUITE 700  
MIAMI, FL 33133 US

**FEI Number:** 54-2129332

**Certificate of Status Desired:** No

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

YELEN, MITCH  
3225 AVIATION AVENUE  
SUITE 500  
MIAMI, FL 33133 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 AUTHORIZED MEMBER  
Name VITALMD GROUP HOLDING, LLC  
Address 3225 AVIATION AVENUE, SUITE 700  
City-State-Zip: MIAMI FL 33133

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:** FRANCISCO J. LEON

**AUTHORIZED AGENT**

**03/13/2020**

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

\_\_\_\_\_  
Date