

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000082290

Entity Name: PHYSICIANS ACCOUNTABLE CARE ORGANIZATION, LLC

Current Principal Place of Business:

301 S LAKE ST.
LEESBURG, FL 34748

Current Mailing Address:

1920 DON WICKHAM DR. SUITE 130
CLERMONT, FL 34711 US

FEI Number: 27-3308676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, KENNETH L
301 SOUTH LAKE STREET
LEESBURG, FL 34748 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 MGR
Name JACOBSON, HAL M
Address 301 S LAKE ST.
City-State-Zip: LEESBURG FL 34748

Title MGR
Name SCOTT, KENNETH L
Address 301 S LAKE ST.
City-State-Zip: LEESBURG FL 34748

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: HAL JACOBSON

OFFICER

02/25/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date