

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122930

Entity Name: ORLANDO FAMILY PHYSICIANS, LLC

Current Principal Place of Business:

44 S. BROADWAY
WHITE PLAINS, NY 10601

Current Mailing Address:

44 S. BROADWAY
WHITE PLAINS, NY 10601 US

FEI Number: 59-3635929

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 MANAGER
Name KOKKINIDES, PENELOPE
Address 44 S. BROADWAY
City-State-Zip: WHITE PLAINS NY 10601

Title MANAGER
Name MALTON, DOUGLAS
Address 44 S. BROADWAY
City-State-Zip: WHITE PLAINS NY 10601

Title MANAGER
Name SHINTO, RICHARD A.
Address 44 S. BROADWAY
City-State-Zip: WHITE PLAINS NY 10601

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: RICHARD A. SHINTO

MANAGER

04/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date