

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000122930

Entity Name: ORLANDO FAMILY PHYSICIANS, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD STE 300
LAKE NONA, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD STE 300
LAKE NONA, FL 32827 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 CHIEF ADMINISTRATIVE OFFICER,
DIRECTOR
Name KOKKINIDES, PENELOPE
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title DIRECTOR, VP
Name MALTON, DOUGLAS
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title PRESIDENT, CEO, DIRECTOR
Name SHINTO, RICHARD A. MD
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title MEMBER MANAGED
Name OFP HOLDINGS, LLC
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title CHIEF ACCOUNTING OFFICER
Name SORTINO, MICHAEL J.
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title GENERAL COUNSEL & SECRETARY
Name PRIZANT, LESLIE
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: ORLANDO FL 32827

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: PENELOPE KOKKINIDES

MANAGER

02/24/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date