## 2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000122930

Entity Name: ORLANDO FAMILY PHYSICIANS, LLC

FILED Sep 01, 2021 Secretary of State 4366225682CC

**Current Principal Place of Business:** 

6900 TAVISTOCK LAKES BLVD STE 300

LAKE NONA. FL 32827

**Current Mailing Address:** 

6900 TAVISTOCK LAKES BLVD STE300 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 44 S. BROADWAY STE 100

City-State-Zip: WHITE PLAINS NY 10601

Title PRESIDENT, CEO, DIRECTOR

Name SHINTO, RICHARD A. MD
Address 44 S. BROADWAY STE 100

City-State-Zip: WHITE PLAINS NY 10601

Title MEMBER MANAGED

Name OFP HOLDINGS, LLC

Address 44 S BROADWAY STE 100

City-State-Zip: WHITE PLAINS NY 10601

Title GENERAL COUNSEL & SECRETARY

Name PRIZANT, LESLIE

Address 44 S BROADWAY STE 100
City-State-Zip: WHITE PLAINS NY 10601

Title DIRECTOR, VP

Name MALTON, DOUGLAS

Address 44 S. BROADWAY STE 100 City-State-Zip: WHITE PLAINS NY 10601

Title CFO

Name O'ROURKE, ROSLYNN D.

Address 44 S BROADWAY STE 100

City-State-Zip: WHITE PLAINS NY 10601

Title CHIEF ACCOUNTING OFFICER

Name SORTINO, MICHAEL J.

Address 44 S BROADWAY STE 100

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: LESLIE PRIZANT

SECRETARY AND GENERAL COUNSEL

09/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date