2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2022
Secretary of State
0650183548CC

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	MANAGER	Title	MANAGER
Name	KOKKINIDES, PENELOPE	Name	MALTON, DOUGLAS
Address	6900 TAVISTOCK LAKES BLVD,, STE. 300	Address	6900 TAVISTOCK LAKES BLVD,, STE. 300
City-State-Zip:	ORLANDO FL 32827	City-State-Zip:	ORLANDO FL 32827
Title	MANAGER	Title	MEMBER MANAGED
Name	SHINTO, RICHARD A. MD	Name	OFP HOLDINGS, LLC
Address	6900 TAVISTOCK LAKES BLVD,, STE. 300	Address	6900 TAVISTOCK LAKES BLVD,, STE. 300
City-State-Zip:	ORLANDO FL 32827	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 03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date