

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000122930

**Entity Name:** ORLANDO FAMILY PHYSICIANS, LLC

**Current Principal Place of Business:**

6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
ORLANDO, FL 32827

**Current Mailing Address:**

6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
ORLANDO, 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  
Name: KOKKINIDES, PENELOPE  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: VICE PRESIDENT & CFO  
Name: MALTON, DOUGLAS  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: COO  
Name: ABBOTT, WILL  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: SECRETARY  
Name: BROWN, DAVID  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: COO  
Name: RAVI, CHARI  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: MANAGER  
Name: SHINTO, RICHARD A. M.D.  
Address: 6900 TAVISTOCK LAKES BLVD.  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title: MANAGER  
Name: MALTON, DOUGLAS  
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:** RICHARD A. SHINTO M.D.

**MANAGER**

**03/07/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date