

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087570

Entity Name: PHYSICIAN MANAGEMENT SERVICES OF INDIANA, LLC**Current Principal Place of Business:**3113 LAWTON RD
SUITE 250
ORLANDO, FL 32803**Current Mailing Address:**3113 LAWTON RD
SUITE 250
ORLANDO, FL 32803 US**FEI Number:** 45-2867417**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST., STE#1
TALLAHASSEE, FL 32301 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:** CAPITAL CONNECTION

02/10/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	DELOACH, CASEY B
Address	3113 LAWTON RD SUITE 250
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	DELOACH, DAVID
Address	3113 LAWTON RD SUITE 250
City-State-Zip:	ORLANDO FL 32803

Title	SECRETARY
Name	CRABTREE, JOHN G.
Address	3113 LAWTON RD SUITE 250
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	MAZZOLI, JON
Address	3113 LAWTON RD SUITE 250
City-State-Zip:	ORLANDO FL 32803

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: CASEY DELOACH

CEO

02/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date