

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000021459

Entity Name: CENTRAL FLORIDA PHYSICIANS TRUST, LLC

Current Principal Place of Business:

483 N. SEMORAN BLVD
SUITE 204
ORLANDO, FL 32792

Current Mailing Address:

483 N. SEMORAN BLVD
SUITE 205
ORLANDO, FL 32792 US

FEI Number: 36-4725543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SAINI, VIKRAM
483 N. SEMORAN BLVD
SUITE 205
WINTER PARK, FL 32792 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 MGRM
Name FLORIDA ACCOUNTABLE CARE
SERVICES
Address 483 N. SEMORAN BLVD
City-State-Zip: WINTER PARK FL 32792

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: SANDEEP BAJAJ

OFFICER

03/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date