2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2016
Secretary of State
CC7689773332

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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: XIMENA GOMEZ ASSISTANT CONTROLLER 01/20/2016

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