2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2018
Secretary of State
CC5866860276

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Entity Name: UNIFIED PHYSICIAN MANAGEMENT, LLC

Current Principal Place of Business:

1501 YAMATO ROAD
SUITE #200 WEST
BOCA RATON, FL 33431

Current Mailing Address:

1501 YAMATO ROAD
SUITE #200 WEST
BOCA RATON, FL 33431 US

FEI Number: 35-2479549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UPM SERVICE CORP
1501 YAMATO ROAD
SUITE#200 WEST
BOCA RATON, FL 33431 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: KENNETH KONSKER 02/08/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	KONSKER, KENNETH DR.	Name	BRIGGS, JOHN DR.
Address	1501 YAMATO ROAD SUITE #200 WEST	Address	1501 YAMATO ROAD SUITE #200 WEST
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	MGR	Title	MGR
Name	LAGALIA, ROBERT R	Name	ALBERT, ALEX
Address	1501 YAMATO ROAD SUITE #200 WEST	Address	1501 YAMATO ROAD SUITE #200 WEST
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	MGR	Title	MGR
Name	REA, ERIC	Name	REIMER, ERIC
Address	1501 YAMATO ROAD SUITE #200 WEST	Address	1501 YAMATO ROAD SUITE #200 WEST
City-State-Zip:	BOCA RATON FL 33431	City-State-Zip:	BOCA RATON FL 33431
Title	MGR		
Name	ROSENTHAL, BENNETT		
Address	1501 YAMATO ROAD SUITE #200 WEST		
City-State-Zip:	BOCA RATON FL 33431		

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: R.ROBERT LAGALIA AR 02/08/2018

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