

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000119415

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

04/15/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name KONSKER, KENNETH DR.
Address 1501 YAMATO ROAD
SUITE #200 WEST
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name BRIGGS, JOHN DR.
Address 1501 YAMATO ROAD
SUITE #200 WEST
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name LAGALIA, ROBERT R
Address 1501 YAMATO ROAD
SUITE #200 WEST
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name ALBERT, ALEX
Address 1501 YAMATO ROAD
SUITE #200 WEST
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name REA, ERIC
Address 1501 YAMATO ROAD
SUITE #200 WEST
City-State-Zip: BOCA RATON FL 33431

Title MGR
Name REIMER, ERIC
Address 1501 YAMATO ROAD
SUITE #200 WEST
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**AUTHORIZED PERSON**

04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date