

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000106213

**Entity Name:** HEALTHSUN PHYSICIANS NETWORK I, LLC**Current Principal Place of Business:**3250 MARY STREET  
#400  
COCONUT GROVE, FL 33133**Current Mailing Address:**3250 MARY STREET  
#400  
COCONUT GROVE, FL 33133 US**FEI Number:** 46-3434016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KLINE, ROBERT M  
333 SE 2ND AVENUE  
#4500  
MIAMI, FL 33131 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:** ROBERT M KLINE

04/17/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO
Name	SCHUTZEN, RON
Address	3250 MARY STREET #400
City-State-Zip:	COCONUT GROVE FL 33133

Title	CAO
Name	LAM, GALE
Address	3250 MARY STREET #400
City-State-Zip:	COCONUT GROVE FL 33133

Title	DIRECTOR
Name	PETER, FRANCIS
Address	3250 MARY STREET #400
City-State-Zip:	COCONUT GROVE FL 33133

Title	DIRECTOR
Name	BLACK, DARREN M
Address	3250 MARY STREET #400
City-State-Zip:	COCONUT GROVE FL 33133

Title	MGRM
Name	HEALTHSUN PHYSICIANS NETWORK, LLC
Address	3250 MARY STREET #400
City-State-Zip:	COCONUT GROVE FL 33133

*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:** GALE LAM

CAO

04/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date