

**2020 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  
SUITE 400  
COCONUT GROVE, FL 33133 US**FEI Number:** 46-3434016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

05/05/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name HIGHLAND ACQUISITION HOLDINGS, LLC  
Address 3250 MARY STREET #400  
City-State-Zip: COCONUT GROVE FL 33133

Title TREASURER  
Name SCHER, VINCENT E.  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

Title PRESIDENT  
Name OROZCO, TOMAS IGNACIO  
Address 9250 W FLAGLER STREET  
City-State-Zip: MIAMI FL 33174

Title SECRETARY  
Name KIEFER, KATHLEEN S.  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204  
  
Title ASST. TREASURER  
Name NOBLE, ERIC K  
Address 220 VIRGINIA AVENUE  
City-State-Zip: INDIANAPOLIS IN 46204

*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:** KATHLEEN S. KIEFER

SECRETARY

05/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date