

**2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L13000152119

**Entity Name:** CENTRAL FLORIDA INPATIENT MEDICINE, LLC

**Current Principal Place of Business:**

525 TECHNOLOGY PARK  
SUITE 109  
LAKE MARY, FL 32746

**Current Mailing Address:**

525 TECHNOLOGY PARK  
SUITE 109  
LAKE MARY, FL 32746 US

**FEI Number:** 59-3718647

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MASTERS, BRIAN M.D.  
525 TECHNOLOGY PARK  
SUITE 109  
LAKE MARY, FL 32746 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:** BRIAN MASTERS

10/21/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title SECRETARY  
Name MASTERS, BRIAN M.D.  
Address 525 TECHNOLOGY PARK  
SUITE 109  
City-State-Zip: LAKE MARY FL 32746

Title MGR, PRESIDENT, TREASURER  
Name CRUM, JAMES M.D.  
Address 525 TECHNOLOGY PARK  
SUITE 109  
City-State-Zip: LAKE MARY FL 32746

*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:** JAMES. CRUM M.D.

PRESIDENT

10/21/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date