

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000176035

**Entity Name:** SPECIALTY PHYSICIAN SERVICES, LLC

**Current Principal Place of Business:**

9090 SW 87TH COURT  
SUITE 201  
MIAMI, FL 33176

**Current Mailing Address:**

9090 SW 87TH COURT  
SUITE 201  
MIAMI, FL 33176

**FEI Number:** 46-4362761

**Certificate of Status Desired:** No

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

MESA, ANTONIO  
9090 SW 87TH COURT  
SUITE 201  
MIAMI, FL 33176 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name MESA, ANTONIO  
Address 9090 SW 87TH COURT - SUITE 201  
City-State-Zip: MIAMI FL 33176

*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:** ANTONIO MESA

**MANAGER**

**01/19/2016**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date