2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2016
Secretary of State
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Entity Name: WINTER PARK FAMILY PHYSICIANS LLC

Current Principal Place of Business:

315 N LAKEMONT AVE
STE C
WINTER PARK, FL 32792

Current Mailing Address:

315 N LAKEMONT AVE
STE C
WINTER PARK, FL 32792

FEI Number: 20-4676655

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

AMAWI, AHMAD B
315 N LAKEMONT AVE
STE C
WINTER PARK, FL 32792 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	AMBR
Name	AMAWI, AHMAD B
Address	315 N LAKEMONT AVE STE C
City-State-Zip:	WINTER PARK FL 32792

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: AHMAD AMAWI M.D CEO 06/01/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date