

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000095455

**Entity Name:** DIVERSIFIED PHYSICIAN SOLUTIONS, LLC

**Current Principal Place of Business:**

2500 LAKE RUBY RD  
DELAND, FL 32724

**Current Mailing Address:**

104 E. MICHIGAN AVE #204  
LAKE HELEN, FL 32744 US

**FEI Number:** 47-1074645

**Certificate of Status Desired:** No

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

BURGESS, TAMMY M  
2500 LAKE RUBY RD  
DELAND, FL 32724 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	Title	PRESIDENT RCM SERVICES
Name	HULEC, DENA E	Name	BURGESS, TAMMY
Address	513 N KEPLER ROAD	Address	2500 LAKE RUBY RD
City-State-Zip:	DELAND FL 32724	City-State-Zip:	DELAND FL 32724

*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:** TAMMY BURGESS

**PRESIDENT**

**01/19/2017**

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

\_\_\_\_\_  
Date