

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000120104

Entity Name: A PHYSICIAN'S FIRM, LLC

Current Principal Place of Business:

711 NE 23RD TER
#101
MIAMI, FL 33137

Current Mailing Address:

PO BOX 310367
#14822
MIAMI, FL 33231 US

FEI Number: 47-1482630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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 RODRIGUEZ, PURA
Address 131 E TERRA ALTA
City-State-Zip: SAN ANTONIO TX 78209

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: PURA RODRIGUEZ

MEMBER

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date