

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000142115

**Entity Name:** QUALITY PHYSICIANS IPA, LLC

**Current Principal Place of Business:**

905 NORTH CITRUS AVENUE  
ATTENTION: DR. KEN SAVAGE -- PERSONAL  
CRYSTAL RIVER, FL 34428

**Current Mailing Address:**

6118 W COPORATE OAKS DRIVE  
ATTENTION: EDWARD J SERRA, CPA  
CRYSTAL RIVER, FL 34429 US

**FEI Number:** 81-3412073

**Certificate of Status Desired:** No

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

SERRA, EDWARD J CPA PLLC  
6118 W CORPORATE OAKS DR  
CRYSTAL RIVER, FL 34429 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:** EDWARD J SERRA CPA PLLC

01/04/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SAVAGE, KENNETH L JR.  
Address 905 NORTH CITRUS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title MGR  
Name DICKERT, ALEX J  
Address 905 NORTH CITRUS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

Title MGR  
Name ST. MARTIN, DACELIN  
Address 905 NORTH CITRUS AVENUE  
City-State-Zip: CRYSTAL RIVER FL 34428

*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:** DACELIN ST. MARTIN

MGR

01/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date