

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000143184

Entity Name: FAMILY PHYSICIAN MEDICAL CENTERS, LLC

Current Principal Place of Business:

3829 HOLLYWOOD BLVD
SUITE A
HOLLYWOOD, FL 33021

Current Mailing Address:

3829 HOLLYWOOD BLVD
SUITE A
HOLLYWOOD, FL 33021

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIOVINCO, IAN S
2111 W SWANN AVE
SUITE 203
TAMPA, FL 33606 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 MGMR
Name MED EQUITY PARTNERS, LLC
Address 3829 HOLLYWOOD BLVD, SUITE A
City-State-Zip: HOLLYWOOD FL 33021

Title MGMR
Name WMC HEALTH GROUP, LLC
Address 1380 NE MIAMI GARDENS DR, SUITE
 210
City-State-Zip: N. MIAMI BEACH FL 33179

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: MED EQUITY PARTNERS, LLC

MGMR

04/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date