

**2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L16000173312

**Entity Name:** VIP PRIMARY CARE DOCTORS GROUP LLC

**Current Principal Place of Business:**

295 PATTERSON RD  
SUITE B  
HAINES CITY , FL 33844

**Current Mailing Address:**

295 PATTERSON RD  
SUITE B  
HAINES CITY , FL 33844 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOPEZ, RAPHAEL L  
295 PATTERSON RD  
SUITE B  
HAINES CITY , FL 33844 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:** RAPHAEL L LOPEZ

11/27/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name LOPEZ, RAPHAEL  
Address 295 PATTERSON RD  
SUITE B  
City-State-Zip: HAINES CITY FL 33844

*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:** RAPHAEL LOPEZ

MD

11/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date