## 2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000174357

Entity Name: CONWAY PHYSICIAN GROUP, LLC

**Current Principal Place of Business:** 

3162 S CONWAY RD ORLANDO, FL 32812

**Current Mailing Address:** 

6900 TAVISTOCK LAKE BLVD STE 300 LAKE NONA, FL 10580 US

FEI Number: 81-3925288 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

FILED Apr 25, 2022

**Secretary of State** 

8355788284CC

## **Authorized Person(s) Detail:**

Title MEMBER

Name ORLANDO FAMILY PHYSICIANS LLC
Address 6900 TAVISTOCK LAKES BLVD STE

300

City-State-Zip: LAKE NONA FL 32827

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: ORLANDO FAMILY PHYSICIANS, LLC

Electronic Signature of Signing Authorized Person(s) Detail

MEMBER

04/25/2022

Date