

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000051538

Entity Name: SOMAPAT CHAPMAN PHYSICIAN SERVICES, PLLC

Current Principal Place of Business:

929 E. PLEASANT PLACE
ST. JOHN'S, FL 32259

Current Mailing Address:

929 E. PLEASANT PLACE
ST. JOHN'S, FL 32259 US

FEI Number: 82-0766881

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHAPMAN, JENNIFER
929 E PLEASANT PLACE
ST. JOHN'S, FL 32259 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 MGR
Name CHAPMAN, JENNIFER
Address 929 E. PLEASANT PLACE
City-State-Zip: ST. JOHN'S FL 32259

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: JENNIFER CHAPMAN

MGR

03/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date