**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Jan 18, 2025**
**Secretary of State**
**6336038013CC**

DOCUMENT# L17000051538

**Entity Name:** SOMAPAT CHAPMAN PHYSICIAN SERVICES, PLLC

**Current Principal Place of Business:**

408 EAST KESLEY LANE
ST. JOHN'S, FL 32259

**Current Mailing Address:**

408 EAST KESLEY LANE
ST. JOHN'S, FL 32259 US

**FEI Number: 82-0766881**

**Certificate of Status Desired:** No

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

CHAPMAN, JENNIFER
408 EAST KESLEY LANE
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 | 408 EAST KESLEY LANE |
| 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 01/18/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date