

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000109237

**Entity Name:** PLATINUM SPECIALTY PHYSICIANS, LLC

**Current Principal Place of Business:**

17560 NW 27TH AVENUE  
SUITE 106  
MIAMI GARDENS, FL 33056

**Current Mailing Address:**

17560 NW 27TH AVENUE  
SUITE 106  
MIAMI GARDENS, FL 33056 US

**FEI Number:** 82-1588892

**Certificate of Status Desired:** No

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

HOLLAND, MARQUES W  
17560 NW 27TH AVENUE  
SUITE 106  
MIAMI GARDENS, FL 33056 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 HOLLAND, MARQUES W  
Address 17560 NW 27TH AVENUE, SUITE 106  
City-State-Zip: MIAMI GARDENS FL 33056

Title MGR  
Name LEVY, RAYMOND A  
Address 17560 NW 27TH AVENUE, SUITE 106  
City-State-Zip: MIAMI GARDENS FL 33056

Title MGR  
Name WILKINSON, CURTIS E  
Address 17560 NW 27TH AVENUE, SUITE 106  
City-State-Zip: MIAMI GARDENS FL 33056

*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:** MARQUES HOLLAND

**DIRECTOR**

**04/13/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date