2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000232582

Entity Name: KV PHYSICIANS SERVICES LLC

Current Principal Place of Business:

2539 SW 37TH TERRACE CAPE CORAL. FL 33914

Current Mailing Address:

P.O. BOX 150771 CAPE CORAL. FL 33915

FEI Number: 02-0728003 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SORENSEN, KELLY 2539 SW 37TH TER CAPE CORAL, FL 33914 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: KELLY SORENSEN 02/15/2024

Electronic Signature of Registered Agent

Date

FILED Feb 15, 2024

Secretary of State

6391852672CC

Authorized Person(s) Detail:

Title MGR Title AMBR

 Name
 SORENSEN, VIRGIL
 Name
 SORENSEN, KELLY

 Address
 P.O. BOX 150771
 Address
 P.O. BOX 150771

City-State-Zip: CAPE CORAL FL 33915 City-State-Zip: CAPE CORAL FL 33915

Title AUTHORIZED MEMBER
Name RUBIO, NATASHA P
Address 2539 SW 37TH TER
City-State-Zip: CAPE CORAL FL 33915

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: KELLY SORENSEN

Electronic Signature of Signing Authorized Person(s) Detail

AMBR

02/15/2024