

**2019 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:**

CONNOR, PAULA BROWN  
18070 S. TAMiami TR  
SUITE 12  
FORT MYERS, FL 33908 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	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

*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:** VIRGIL SORENSEN

MGR

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date