

2023 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

04/04/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	SORENSEN, VIRGIL
Address	P.O. BOX 150771
City-State-Zip:	CAPE CORAL FL 33915

Title	AMBR
Name	SORENSEN, KELLY
Address	P.O. BOX 150771
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: SORENSEN, KELLY

AMBR

04/04/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date