

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000023259

**Entity Name:** PHYSICIANS MANAGEMENT GROUP OF FLORIDA, LLC

**Current Principal Place of Business:**

5030 CHAMPION BLVD.  
SUITE G-11-454  
BOCA RATON, FL 33496

**Current Mailing Address:**

5030 CHAMPION BLVD.  
SUITE G-11-454  
BOCA RATON, FL 33496 US

**FEI Number:** 32-0589536

**Certificate of Status Desired:** Yes

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

TOPKIN, SANFORD R  
1166 W. NEWPORT CENTER DR.  
SUITE 309  
DEERFIELD BEACH, FL 33442 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 WINTER, DAVID  
Address 5030 CHAMPION BLVD., SUITE G-11-454  
City-State-Zip: BOCA RATON FL 33496

Title MGR  
Name MAFFIA, JONATHAN  
Address 5030 CHAMPION BLVD., SUITE G-11-454  
City-State-Zip: BOCA RATON FL 33496

*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:** JONATHAN MAFFIA

**MANAGER**

**01/18/2020**

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

\_\_\_\_\_  
Date