

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000023259

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

**Current Principal Place of Business:**

1926 10TH AVE NORTH  
SUITE 100  
LAKE WORTH, FL 33461

**Current Mailing Address:**

1926 10TH AVE NORTH  
SUITE 100  
LAKE WORTH, FL 33461 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 1926 10TH AVE NORTH  
SUITE 100  
City-State-Zip: LAKE WORTH FL 33461

Title MGR  
Name MAFFIA, JONATHAN  
Address 1926 10TH AVE NORTH  
SUITE 100  
City-State-Zip: LAKE WORTH FL 33461

*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

MGR

04/25/2024

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

\_\_\_\_\_  
Date