

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000266415

**FILED**  
**Jan 28, 2024**  
**Secretary of State**  
**1607489106CC**

**Entity Name:** RPS PRIMARY MEDICAL CENTER PLLC

**Current Principal Place of Business:**

2900 LOOPDALE LN  
KISSIMMEE, FL 34741

**Current Mailing Address:**

2900 LOOPDALE LN  
KISSIMMEE, FL 34741 US

**FEI Number:** 84-3679906

**Certificate of Status Desired:** No

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

CISNEROS, ERNESTO  
3956 W TOWN CENTER BLVD, STE 194  
ORLANDO, FL 32837 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:** ERNESTO CISNEROS

01/28/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANCHEZ, REBECA PEREZ  
Address 13017 ISLAMORADA DRIVE  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name GUTIERREZ, SAUL GUILLERMO  
Address 6061 FENDER CT  
City-State-Zip: ORLANDO FL 32837

Title MGR  
Name CISNEROS, ERNESTO  
Address 13017 ISLAMORADA DRIVE  
City-State-Zip: ORLANDO FL 32837

*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:** ERNESTO CISNEROS

MGR

01/28/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date