# 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.

MGR

### SIGNATURE: ERNESTO CISNEROS

Electronic Signature of Signing Authorized Person(s) Detail

## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000266415

## Entity Name: RPS PRIMARY MEDICAL CENTER PLLC

#### **Current Principal Place of Business:**

3956 W TOWN CENTER BLVD SUITE 194 ORLANDO, FL 32837

#### **Current Mailing Address:**

3956 W TOWN CENTER BLVD SUITE 194 ORLANDO, FL 32837 US

#### FEI Number: 84-3679906

#### 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			05/18/2020
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title	MGR	Title	MGR	
Name	SANCHEZ, REBECA PEREZ	Name	GUTIERREZ, SAUL GUILLERMO	1
Address	3956 W TOWN CENTER BLVD STE 194	Address	6061 FENDER CT	
City-State-Zip:	ORLANDO FL 32837	City-State-Zip:	ORLANDO FL 32837	
Title	MGR			
Name	CISNEROS, ERNESTO			
Address	3956 W TOWN CENTER BLVD STE 194			
City-State-Zip:	ORLANDO FL 32837			

FILED May 18, 2020 Secretary of State 2438848503CC

Certificate of Status Desired: Yes

05/18/2020 Date