

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000014629

Entity Name: FABEN PHYSICIAN PARTNERS, LLC**Current Principal Place of Business:**4425 MERRIMAC AVE
JACKSONVILLE, FL 32210**Current Mailing Address:**4425 MERRIMAC AVE
JACKSONVILLE, FL 32210 US**FEI Number:** 86-1572880**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THORN, BRIAN
4425 MERRIMAC AVE
JACKSONVILLE, FL 32210 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 TREASURER
Name CACCAM, EVALEEN
Address 4425 MERRIMAC AVE
City-State-Zip: JACKSONVILLE FL 32210

Title PRESIDENT
Name GURAM PORTER, JENNIFER
Address 4425 MERRIMAC AVE
City-State-Zip: JACKSONVILLE FL 32210

Title VP
Name CALDOW, KRISTIN
Address 4425 MERRIMAC AVE
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY
Name FOX, FELICIA
Address 4425 MERRIMAC AVE
City-State-Zip: JACKSONVILLE FL 32210

Title CEO
Name THORN, BRIAN
Address 4425 MERRIMAC AVE
City-State-Zip: JACKSONVILLE FL 32210

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: BRIAN THORN**C.E.O.****01/31/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date