

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000005600

**Entity Name:** GM PHYSICIANS LLC

**Current Principal Place of Business:**

868 W STREET RD  
UNIT 405  
WARMINSTER, PA 18974

**Current Mailing Address:**

868 W STREET RD  
UNIT 405  
WARMINSTER, PA 18974 US

**FEI Number:** 92-1622214

**Certificate of Status Desired:** No

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

LAW OFFICES OF JASON R. KOVAN PA  
4440 PGA BLVD.  
STE. 600  
PALM BEACH GARDENS, FL 33410 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            AMBR  
Name            ADZIC, ANGELIA  
Address        868 W STREET RD.  
City-State-Zip: WARMINSTER PA 18974

*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:** ANGELIA ADZIC

**PRESIDENT**

**04/03/2024**

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

\_\_\_\_\_  
Date