

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000000135

Entity Name: ASSOCIATED FAMILY PHYSICIANS OF BOCA RATON, P.L.

Current Principal Place of Business:

9910 SANDALFOOT BLVD.
SUITE 1
BOCA RATON, FL 33428-6692

Current Mailing Address:

9910 SANDALFOOT BLVD.
SUITE 1
BOCA RATON, FL 33428-6692 US

FEI Number: 65-0885455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE FLORIDA HEALTHCARE LAW FIRM
151 NW 1ST AVENUE
DELRAY BEACH, FL 33444 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: DAVID J. DAVIDSON, ATTORNEY

01/30/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name LYNDA ALTMAN, M.D., P.A.
Address 9910 SANDALFOOT BLVD., SUITE 1
City-State-Zip: BOCA RATON FL 33428-6692

Title MGR
Name DUSHYANT J. UTAMSINGH, M.D.,P.A.
Address 9910 SANDALFOOT BLVD. SUITE 1
City-State-Zip: BOCA RATON FL 33428-6692

Title MGR
Name OWEN A. BARRUW, M.D.,P.A.
Address 9910 SANDALFOOT BLVD., SUITE 1
City-State-Zip: BOCA RATON FL 33428

Title MGR
Name RADHIKA P. PHADKE, M.D., P.A.
Address 9910 SANDALFOOT BLVD., SUITE 1
City-State-Zip: BOCA RATON FL 33428-6692

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: MARILYN B CABRAL

ADMINISTRATOR

01/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date