

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000005240

**Entity Name:** PHYSICIANS GROUP, L.L.C.

**Current Principal Place of Business:**

4054 SAWYER ROAD  
SARASOTA, FL 34233

**Current Mailing Address:**

4054 SAWYER ROAD  
SARASOTA, FL 34233 US

**FEI Number:** 27-1593025

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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	MGR	Title	AUTHORIZED MEMBER
Name	KOMPOTHECRAS, GARY	Name	BRONNER, GREGORY
Address	4054 SAWYER ROAD	Address	4054 SAWYER ROAD
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

*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:** GARY KOMPOTHECRAS

**MANAGER**

**04/04/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date