

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000007730

**Entity Name:** APP OF FLORIDA HM, LLC

**Current Principal Place of Business:**

5121 MARYLAND WAY, SUITE 300  
BRENTWOOD, TN 37027

**Current Mailing Address:**

5121 MARYLAND WAY, SUITE 300  
BRENTWOOD, TN 37027 US

**FEI Number: 38-4090465**

**Certificate of Status Desired: No**

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

COGENY GLOBAL INC.  
115 NORTH CALHOUN STREET, SUITE 4  
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 MEMBER  
Name AMERICAN PHYSICIAN HOLDINGS, LLC  
Address 5121 MARYLAND WAY, SUITE 300  
City-State-Zip: BRENTWOOD TN 37027

Title SECRETARY  
Name MCQUEEN, ANDREW  
Address 5121 MARYLAND WAY, SUITE 300  
City-State-Zip: BRENTWOOD TN 37027

*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: ANDREW MCQUEEN**

**SECRETARY**

**04/16/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date