

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M19000001833

**Entity Name:** MPP INFUSION CENTER OF ORLANDO, LLC

**Current Principal Place of Business:**

1573 W. FAIRBANKS AVE  
SUITE 200  
WINTER PARK, FL 32789-4679

**Current Mailing Address:**

1726 COLE BLVD  
SUITE 250  
LAKEWOOD, CO 80401 US

**FEI Number:** 83-3577905

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MANAGER  
Name: MULTISPECIALTY PHYSICIAN PARTNERS LLC  
Address: 1726 COLE BLVD SUITE 250  
City-State-Zip: LAKEWOOD CO 80401

Title: CFO  
Name: ALLEN, DAN  
Address: 1726 COLE BLVD SUITE 250  
City-State-Zip: LAKEWOOD CO 80401

Title: CEO  
Name: REEF, CHRIS  
Address: 1726 COLE BLVD SUITE 250  
City-State-Zip: LAKEWOOD CO 80401

Title: COO  
Name: ROTTURA, SUE  
Address: 1726 COLE BLVD SUITE 250  
City-State-Zip: LAKEWOOD CO 80401

*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:** DAN ALLEN

**CHIEF FINANCIAL  
OFFICER**

**04/26/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date