

2021 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M20000010079

Entity Name: MPP INFUSION CENTER OF SUNCOAST, LLC**Current Principal Place of Business:**13644 WALSINGHAM ROAD
LARGO, FL 33774-3532**Current Mailing Address:**1726 COLE BLVD STE 250
LAKEWOOD, CO 80401 US**FEI Number:** 85-3813319**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	MGR
Name	MULTISPECIALITY PHYSICIAN PARTNERS LLC
Address	1726 COLE BLVD STE 250
City-State-Zip:	LAKEWOOD CO 80401

Title	M
Name	RV INFUSION PARTNERS JR LLC
Address	1726 COLE BLVD STE 250
City-State-Zip:	LAKEWOOD CO 80401

Title	CEO
Name	CHATFIELD, RICHARD L.
Address	1726 COLE BLVD STE 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: KAREN SAMSON**CONTROLLER****04/02/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date