

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M21000017260

Entity Name: VILLAGE PRACTICE MANAGEMENT COMPANY, LLC**Current Principal Place of Business:**125 S CLARK ST STE 900
CHICAGO, IL 60603**Current Mailing Address:**125 S CLARK ST STE 900
CHICAGO, IL 60603 UN**FEI Number: 46-2975838****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS ST
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, CEO, PRESIDENT
Name BARRY, TIM
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title MGR
Name BISCHOFF, CHRIS
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title MANAGER
Name BRAILER, DR. DAVID
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title MANAGER
Name BREWER, ROSALIND
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title MANAGER
Name LAMONT, ANNIE
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title MANAGER
Name SHULMAN, STEVE
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title CFO, TREASURER
Name RICAURTE, CHRISTOPHER
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

Title SECRETARY, AUTHORIZED REPRESENTATIVE
Name RUBAS, WENDY
Address 125 S CLARK ST STE 900
City-State-Zip: CHICAGO IL 60603

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: WENDY RUBAS**SECRETARY****05/09/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date