

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L18000020071

Entity Name: PHYSICIAN ADVISORS LLC

Current Principal Place of Business:

9719 W FLAMINGO RD
STE 7
LAS VEGAS, NV 89147

Current Mailing Address:

9719 W FLAMINGO RD
STE 7
LAS VEGAS, NV 89147 US

FEI Number: 83-1493838

Name and Address of Current Registered Agent:

JACKSON, ROBERT D
6785 ARROYO DR
MELBOURNE, FL 32940 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: ROBERT JACKSON

05/31/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO	Title	MGR
Name	WEST, ANTOINETTE M	Name	JACKSON, ROBERT D
Address	5321 PIONEER AVE APT 101	Address	6785 ARROYO DR
City-State-Zip:	LAS VEGAS NV 89146	City-State-Zip:	MELBOURNE FL 32940

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: ANTOINETTE WEST

CEO

05/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

FILED
May 31, 2023
Secretary of State
2742176375CR

VOID
See 11/1/23 Statement of Fact

600417244066
Certificate of Status Desired: Yes