

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47317

Entity Name: ORLANDO PHYSICIANS NETWORK, INC.**Current Principal Place of Business:**1414 KUHL AVENUE
ORLANDO, FL 32806**Current Mailing Address:**1414 KUHL AVENUE
ORLANDO, FL 32806**FEI Number:** 59-3110868**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ZIKA, RYAN
1414 KUHL AVENUE, MP 2
ORLANDO, FL 32806 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**Officer/Director Detail :**

Title DIRECTOR, SECRETARY,
TREASURER
Name SPONG, BERNADETTE
Address 1414 KUHL AVENUE; MP71
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name HAKIM, JAMAL MD
Address 1414 KUHL AVENUE ; MP2
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, CHAIRMAN
Name DESAI , SUNIL S MD
Address 1414 KUHL AVENUE
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name VYAS, ANJALI MD
Address 1414 KUHL AVENUE; MP71
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name JONES, MARK A
Address 1414 KUHL AVE
City-State-Zip: ORLANDO FL 32806

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SUNIL S. DESAI MD**DIRECTOR****04/26/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date