2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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Secretary of State
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Entity Name: ORLANDO PHYSICIANS NETWORK, INC.

Current Principal Place of Business:

1414 KUHL AVENUE, MP 2
ORLANDO, FL 32806

Current Mailing Address:

1414 KUHL AVENUE, MP 2
ORLANDO, FL 32806 US

FEI Number: 59-3110868

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZIKA, RYAN
207 W. GORE ST., SUITE 201
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	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

Title	DIRECTOR
Name	D'ORTONA, CARY
Address	1414 KUHL AVENUE, MP 2
City-State-Zip:	ORLANDO FL 32806

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

Title	AUTHORIZED REPRESENTATIVE
Name	MILLER, JOHN
Address	1414 KUHL AVENUE
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: JOHN MILLER — AUTHORIZED REPRESENTATIVE — 04/02/2025

Electronic Signature of Signing Officer/Director Detail — Date