

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000080763

Entity Name: WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.**Current Principal Place of Business:**19500 IH 10 W
SAN ANTONIO, TX 78257**Current Mailing Address:**19500 IH 10 W
SAN ANTONIO, TX 78257 US**FEI Number: 74-2797745****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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

Officer/Director Detail :

Title DIRECTOR
Name GRUNDHOEFER, BRYAN DAVID
Address 8637 FREDERICKSBURG ROAD,
SUITE 360
City-State-Zip: SAN ANTONIO TX 78240

Title ASSISTANT SECRETARY
Name LANG, HEATHER ANASTASIA
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY
Name ZIMMERMAN, JOSEPH ANTHONY
Address 8637 FREDERICKSBURG ROAD,
SUITE 360
City-State-Zip: SAN ANTONIO TX 78240

Title VP
Name GRUNDHOEFER, BRYAN DAVID
Address 8637 FREDERICKSBURG ROAD,
SUITE 360
City-State-Zip: SAN ANTONIO TX 78240

Title DIRECTOR
Name ZIMMERMAN, JOSEPH ANTHONY
Address 8637 FREDERICKSBURG ROAD,
SUITE 360
City-State-Zip: SAN ANTONIO TX 78240

Title PRESIDENT
Name RAPIER, III, M.D, GEORGE
MCCARROLL
Address 8637 FREDERICKSBURG ROAD,
SUITE 360
City-State-Zip: SAN ANTONIO TX 78240

Title TREASURER
Name GILL, PETER MARSHALL
Address 9900 BREN ROAD EAST
City-State-Zip: MINNETONKA MN 55343

Title ASST. SECRETARY
Name ZUNIGA, CAROL
Address 8637 FREDERICKSBURG RD
STE 360
City-State-Zip: SAN ANTONIO TX 78240

Continues on page 2

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HEATHER ANASTASIA LANG**ASSISTANT SECRETARY 04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name LANGDON, TIMOTHY JOSEPH
Address 2717 N. 118TH ST.
SUITE 300
City-State-Zip: OMAHA NE 68164

Title ASST. SECRETARY
Name COFFEY, MARY KAY
Address 8637 FREDERICKSBURG RD
STE 360
City-State-Zip: SAN ANTONIO TX 78240