2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 04, 2016
Secretary of State
CC8529677818

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Entity Name: CENTRAL FLORIDA INTERNAL MEDICINE ASSOCIATES, P.L.

Current Principal Place of Business:

4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812

Current Mailing Address:

4725 US HIGHWAY 98 S
SUITE 101
LAKELAND, FL 33812 US

FEI Number: 20-5104499

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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: DOREEN S. HAESELN, ASST. V.P. 05/04/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER AND PRESIDENT
Name	PICHARDO, NELSON M.D.
Address	4725 US HIGHWAY 98 S SUITE 101
City-State-Zip:	LAKELAND FL 33812

Title	MANAGER AND COO
Name	PICHARDO, PATRICIA
Address	4725 US HIGHWAY 98 S SUITE 101
City-State-Zip:	LAKELAND FL 33812

Title	MANAGER
Name	CANTO, EDUARDO M.D.
Address	4725 US HIGHWAY 98 S SUITE 101
City-State-Zip:	LAKELAND FL 33812

Title	VICE-PRESIDENT
Name	WALTER, JOSEPH
Address	4725 US HIGHWAY 98 S SUITE 101
City-State-Zip:	LAKELAND FL 33812

Title	AUTHORIZED MEMBER
Name	INHEALTH MD ALLIANCE ACQUISITION, LLC
Address	4725 US HIGHWAY 98 S SUITE 101
City-State-Zip:	LAKELAND FL 33812

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: NELSON PICHARDO, M.D. MANAGER AND PRESIDENT 05/04/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date