#### 2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000122930

Entity Name: ORLANDO FAMILY PHYSICIANS, LLC

**FILED** Sep 11, 2024 **Secretary of State** 8906367641CC

### **Current Principal Place of Business:**

425 W COLONIAL DR.

STE. 303

ORLANDO, FL 32804

# **Current Mailing Address:**

425 W COLONIAL DR.

STE. 303

ORLANDO, FL 32804 US

FEI Number: 59-3635929 Certificate of Status Desired: No

#### Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

# Authorized Person(s) Detail:

Title	VP, CFO & MANAGER	Title	PRESIDENT & CEO
Name	MALTON, DOUGLAS	Name	ABBOTT, WILL

425 W COLONIAL DR. 425 W COLONIAL DR. Address Address STE. 303

STE. 303

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title **SECRETARY** Title MANAGING MEMBER OFP HOLDINGS LLC BROWN, DAVID Name Name 425 W COLONIAL DR. 425 W COLONIAL DR. Address Address

STE. 303

STE. 303 ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title CHIEF OPERATING OFFICER Title CHIEF MEDICAL OFFICER

Name CAREY, AMY MOYER Name NIGAM, RUPESH

425 W COLONIAL DR. 425 W COLONIAL DR. Address Address

> STE. 303 STE. 303

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

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: AMY MOYER CAREY

CHIEF OPERATING **OFFICER** 

09/11/2024