

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123245

Entity Name: OAK PHYSICIAN GROUP, LLC**Current Principal Place of Business:**910 W VINE ST.
KISSIMMEE, FL 34741**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD.
SUITE 300
LAKE NONA, FL 32827 US**FEI Number:** 27-4092814**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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

Authorized Person(s) Detail :

Title PRESIDENT & CEO
Name SHINTO, RICHARD A. M.D.
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

Title VICE PRESIDENT & CFO, DIRECTOR
Name MALTON, DOUGLAS
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

Title CHIEF ADMINISTRATIVE OFFICER,
DIRECTOR
Name KOKKINIDES, PENELOPE
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

Title CHIEF ACCOUNTING OFFICER
Name SORTINO, MICHAEL J.
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

Title MEMBER
Name ORLANDO FAMILY PHYSICIANS, LLC
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

Title GENERAL COUNSEL & SECRETARY
Name PRIZANT, LESLIE
Address 910 W VINE ST.
City-State-Zip: KISSIMMEE FL 34741

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: ORLANDO FAMILY PHYSICIANS, LLC**MEMBER****04/25/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date