

2024 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L10000123245

Entity Name: OAK PHYSICIAN GROUP, LLC

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: 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 VICE PRESIDENT & CFO, DIRECTOR
Name MALTON, DOUGLAS
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title MEMBER
Name ORLANDO FAMILY PHYSICIANS, LLC
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title PRESIDENT, CEO
Name ABBOTT, WILL
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name BROWN, DAVID
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title COO
Name MOYER, AMY
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title CMO
Name NIGAM, RUPESH
Address 425 W. COLONIAL DR
STE 303
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: RUPESH NIGAM

CHIEF MEDICAL OFFICER 10/29/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date