

**2025 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 SECRETARY  
Name BROWN, DAVID  
Address 425 W. COLONIAL DR  
STE 303  
City-State-Zip: ORLANDO FL 32804

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

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

Title CFO  
Name OZCAN, MANUK  
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:** DAVID BROWN

**SECRETARY**

**07/28/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date