

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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	44 S. BROADWAY SUITE 100
City-State-Zip:	WHITE PLAINS NY 10601

Title	VICE PRESIDENT & CFO, DIRECTOR
Name	MALTON, DOUGLAS
Address	44 S. BROADWAY SUITE 100
City-State-Zip:	WHITE PLAINS NY 10601

Title	CHIEF ADMINISTRATIVE OFFICER, DIRECTOR
Name	KOKKINIDES, PENELOPE
Address	44 S. BROADWAY SUITE 100
City-State-Zip:	WHITE PLAINS NY 10601

Title	CHIEF ACCOUNTING OFFICER
Name	SORTINO, MICHAEL J.
Address	44 S. BROADWAY SUITE 100
City-State-Zip:	WHITE PLAINS NY 10601

Title	MEMBER
Name	ORLANDO FAMILY PHYSICIANS, LLC
Address	6900 TAVISTOCK LAKES BLVD. SUITE 300
City-State-Zip:	LAKE NONA FL 32827

Title	GENERAL COUNSEL & SECRETARY
Name	PRIZANT, LESLIE
Address	44 S. BROADWAY STE 100
City-State-Zip:	WHITE PLAINS NY 10601

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: LESLIE PRIZANT**GENERAL COUNSEL &
SECRETARY****10/15/2021**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date