

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123245

**Entity Name:** OAK PHYSICIAN GROUP, LLC

**Current Principal Place of Business:**

505 WEST OAK STREET  
SUITE 102  
KISSIMMEE, FL 34741

**Current Mailing Address:**

121 SOUTH ORANGE AVENUE  
SUITE 940  
ORLANDO, FL 32801 FL

**FEI Number:** 27-4092814

**Certificate of Status Desired:** No

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

GARCIA, JORGE L  
121 SOUTH ORANGE AVENUE  
SUITE 940  
ORLANDO, FL 32801 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 MGR  
Name ORLANDO FAMILY PHYSICIANS, LLC  
Address 121 SOUTH ORANGE AVENUE, SUITE  
940  
City-State-Zip: ORLANDO FL 32801

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GARCIA, JORGE L

MGR

04/18/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date