

**2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000123245

**Entity Name:** OAK PHYSICIAN GROUP, LLC**Current Principal Place of Business:**6900 TAVISTOCK LAKES BLVD., SUITE 300  
ORLANDO, FL 32827**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD., SUITE 300  
ORLANDO, 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 VP, CFO  
Name MALTON, DOUGLAS  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title PRESIDENT, CEO  
Name ABBOTT, WILL  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

Title COO  
Name CHARI, RAVI  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

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

Title SECRETARY  
Name BROWN, DAVID  
Address 6900 TAVISTOCK LAKES BLVD.,  
SUITE 300  
City-State-Zip: ORLANDO FL 32827

*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****12/06/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date