

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000073277

**Entity Name:** ORLANDO PHYSICIAN SPECIALISTS, LLC

**Current Principal Place of Business:**

1561 W FAIRBANKS AVE STE 100  
WINTER PARK, FL 32789

**Current Mailing Address:**

1561 W FAIRBANKS AVE STE 100  
WINTER PARK, FL 32789 US

**FEI Number:** 45-2601183

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
STE 1800  
TALLAHASSEE, FL 32301 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, MANAGER  
Name            BROOKS, STEVE  
Address        1561 W FAIRBANKS AVE STE 100  
City-State-Zip: WINTER PARK FL 32789

Title            MANAGER  
Name            COHEN, DANIEL  
Address        1561 W FAIRBANKS AVE STE 100  
City-State-Zip: WINTER PARK FL 32789

Title            MANAGER  
Name            FRIEDMAN, MICHAEL  
Address        1561 W FAIRBANKS AVE  
City-State-Zip: WINTER PARK FL 32789

*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:** DANIEL COHEN

MANAGER

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date