

2014 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:

SMITH HULSEY & BUSEY, PROFESSIONAL ASSOCIA
225 WATER ST
STE 1800
JACKSONVILLE, FL 32202 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 JACOBO, JAKE
Address 1561 W FAIRBANKS AVE STE 100
City-State-Zip: WINTER PARK FL 32789

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

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

Title MANAGER
Name WITTEN, CHARLES
Address 1561 W FAIRBANKS AVE STE 100
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: JAKE JACOBO

PRESIDENT

04/04/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date