

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087568

Entity Name: PENNSYLVANIA PHYSICIANS SERVICES, LLC

Current Principal Place of Business:

3113 LAWTON RD
SUITE 250
ORLANDO, FL 32803

Current Mailing Address:

3113 LAWTON RD
SUITE 250
ORLANDO, FL 32803 US

FEI Number: 45-2867449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LODGE, MAREEKA
3113 LAWTON RD
SUITE 250
ORLANDO, FL 32803 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: MAREEKA LODGE

02/18/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name DELOACH, CASEY B
Address 3113 LAWTON RD
 SUITE 250
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name CRABTREE, JOHN
Address 3113 LAWTON RD
 SUITE 250
City-State-Zip: ORLANDO FL 32803

Title CFO
Name KENEFICK, BRETT
Address 3113 LAWTON RD
 SUITE 250
City-State-Zip: ORLANDO FL 32803

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: CASEY B DELOACH

PRESIDENT

02/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date