

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000087568

Entity Name: PHYSICIAN MANAGEMENT SERVICES OF PENNSYLVANIA, LLC

Current Principal Place of Business:

800 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32803

Current Mailing Address:

800 N. MAGNOLIA AVENUE
SUITE 100
ORLANDO, FL 32803 US

FEI Number: 45-2867449

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MANAGER
Name VAXCARE, LLC
Address 800 N. MAGNOLIA AVENUE
 SUITE 100
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: JAMES P. MCGINN JR.

AUTHORIZED PERSON

02/03/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date