2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State
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Entity Name: FLORIDA PHYSICIAN SPECIALISTS, LLC.

Current Principal Place of Business:

7017 A C SKINNER PARKWAY
JACKSONVILLE, FL 32256

Current Mailing Address:

7017 A C SKINNER PARKWAY
JACKSONVILLE, FL 32256 US

FEI Number: 46-0772206

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERK, MITCHELL M.D.
7017 A C SKINNER PARKWAY
JACKSONVILLE, FL 32256 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	TERK, MITCHELL MD
Address	7017 A C SKINNER PARKWAY
City-State-Zip:	JACKSONVILLE FL 32256

Title	MANAGER
Name	CESARETTI, JAMIE MD
Address	7017 A C SKINNER PARKWAY
City-State-Zip:	JACKSCONVILLE FL 32256

Title	MANAGER
Name	VASHI, APOORVA MD
Address	710 LOMAX STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	MANAGER
Name	KASRAEIAN, ALI MD
Address	6269 BEACH BLVD. SUITE 2
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	VASHI, APOORVA MD
Address	710 LOMAX STREET
City-State-Zip:	JACKSONVILLE FL 32204

Title	MANAGER
Name	KASRAEIAN, ALI MD
Address	6269 BEACH BLVD. SUITE 2
City-State-Zip:	JACKSONVILLE FL 32216

Title	MANAGER
Name	CESARETTI, JAMIE MD
Address	7017 A C SKINNER PARKWAY
City-State-Zip:	JACKSCONVILLE FL 32256

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: MITCHELL TERK, MD MANAGER 04/22/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date