

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000140787

**Entity Name:** PHYSICIANS GROUP PLUS, LLC

**Current Principal Place of Business:**

307 SW 5TH ST  
FORT LAUDERDALE, FL 33315

**Current Mailing Address:**

307 SW 5TH ST  
FORT LAUDERDALE, FL 33315 US

**FEI Number:** 80-0864270

**Certificate of Status Desired:** Yes

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

ABRAMS, SCOTT W  
1631 NE 5TH STREET  
FORT LAUDERDALE, FL 33301 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:** SCOTT ABRAMS

01/09/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ABRAMS, SCOTT W  
Address 1631 NE 5TH STREET  
City-State-Zip: FORT LAUDERDALE FL 33301

Title MGR  
Name TANNER, MARK L  
Address 2654 NE 26TH  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** SCOTT ABRAMS

CFO

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date