

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000054200

**Entity Name:** PHYSICIANS CONFERENCE ASSOCIATION, LLC.

**Current Principal Place of Business:**

509 SE RIVERSIDE DR, STE. 302  
STUART, FL 34994-2579

**Current Mailing Address:**

509 SE RIVERSIDE DR, STE. 302  
STUART, FL 34994-2579

**FEI Number:** 65-0808602

**Certificate of Status Desired:** No

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

FRENKEL, RONALD E.P.  
509 SE RIVERSIDE DR, STE. 302  
STUART, FL 34994-2579 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:** RONALD E.P. FRENKEL

01/15/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name FRENKEL, RONALD E  
Address 509 SE RIVERSIDE DR, STE. 302  
City-State-Zip: STUART FL 34994-2579

*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:** RONALD FRENKEL MD

PHYS/OWNER

01/15/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date