

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000143040

Entity Name: INDEPENDENT PHYSICIANS CONSORTIUM, LLC**Current Principal Place of Business:**3100 US HIGHWAY 1 SOUTH
SUITE A
ST. AUGUSTINE, FL 32086**Current Mailing Address:**3100 US HIGHWAY 1 SOUTH
SUITE A
ST. AUGUSTINE, FL 32086 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AKHIYAT, M. MICHAEL MD
3100 US HIGHWAY 1 SOUTH
SUITE A
ST. AUGUSTINE, FL 32086 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	MGRM
Name	AKHIYAT, M. MICHAEL MD
Address	3100 US HIGHWAY 1 SOUTH, SUITE A
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGRM
Name	MONZON, RAUL A MD
Address	1301 PLANTATION ISLAND DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	MGRM
Name	PACELLA, BERNARD L MD
Address	200 MISSION ROAD, SUITE 100
City-State-Zip:	PALATKA FL 32177

Title	MGRM
Name	KRUEGER, LOTHAR MD
Address	1099 A1A BEACH BOULEVARD
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	MGRM
Name	DIEGUEZ, EDUARDO MD
Address	120 HEALTH PARK BOULEVARD
City-State-Zip:	ST. AUGUSTINE FL 32086

Title	MGRM
Name	MARTINE, GEDEON DMD
Address	19 ST. JOHNS MEDICAL PARK DRIVE
City-State-Zip:	ST. AUGUSTINE FL 32086

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: AKHIYAT, M. MICHAEL**MGR****04/28/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date