

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168983

Entity Name: EPIPHANY PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

201 LARKIN PLACE
UNIT 112
SAINT JOHNS, FL 32259

Current Mailing Address:

P.O. BOX 58144
JACKSONVILLE, FL 32241 US

FEI Number: 46-4250706

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEDERICO, JUSTIN R
201 LARKIN PLACE
UNIT 112
SAINT JOHNS, FL 32259 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: JUSTIN R FEDERICO

05/09/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FEDERICO, JUSTIN R
Address P.O. BOX 58144
City-State-Zip: JACKSONVILLE FL 32241

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: JUSTIN R FEDERICO

05/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date