

2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L13000168983

Entity Name: EPIPHANY PHYSICIAN SERVICES, LLC

Current Principal Place of Business:

3221 BLISS RD
ORANGE PARK, FL 32065

Current Mailing Address:

9775 SUMMER GROVE WAY W
JACKSONVILLE, FL 32257 US

FEI Number: 46-4250706

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FEDERICO, JUSTIN R
9775 SUMMER GROVE WAY W
JACKSONVILLE, FL 32257 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

07/18/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name FEDERICO, JUSTIN R
Address 9775 SUMMER GROVE WAY W
City-State-Zip: JACKSONVILLE FL 32257

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

07/18/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date