2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 27, 2017
Secretary of State
CC3358595945

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Entity Name: AEGIS MEDICAL GROUP, LLC

Current Principal Place of Business:

18550 U.S. HIGHWAY 441
SUITE A
MOUNT DORA, FL 32757

Current Mailing Address:

18550 U.S. HIGHWAY 441
SUITE A
MOUNT DORA, FL 32757 US

FEI Number: 46-4793194

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CF REGISTERED AGENT, INC.
100 S. ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: RADHA BACHMAN 01/27/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	CHANG, KHAI S M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR, CHAIRMAN
Name	CHEEMA, SHAHBAZ A M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR
Name	ZAMAN, WAHEEDUZ M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR
Name	AUNG, MA T M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR
Name	BISHT, AJAY M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	AMBR
Name	BHATTARAI, BIRENDRA M.D.
Address	18550 U.S. HIGHWAY 441
City-State-Zip:	MOUNT DORA FL 32757

Title	CEO, AUTHORIZED REPRESENTATIVE
Name	MORGAN, SIDNEY
Address	18850 U.S. HIGHWAY 441 SUITE A
City-State-Zip:	MOUNT DORA FL 32757

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: SIDNEY MORGAN CEO 01/27/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date