

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000066178

Entity Name: BLUESTONE PHYSICIAN SERVICES FLORIDA, LLC

Current Principal Place of Business:

300 S HYDE PARK AVE
TAMPA, FL 33606

Current Mailing Address:

300 S HYDE PARK AVE
TAMPA, FL 33606

FEI Number: 47-3600719

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOSCALZO, LISA
300 S HYDE PARK AVE
TAMPA, FL 33606 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: LISA LOSCALZO

02/13/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name STIVLAND, TODD
Address 270 NORTH MAIN STREET
SUITE 300
City-State-Zip: STILLWATER MN 55082

Title PRESIDENT
Name KOEHLER, TIM
Address 270 NORTH MAIN STREET
SUITE 300
City-State-Zip: STILLWATER MN 55082

Title CFO
Name NOLLETTE, DAVID
Address 270 NORTH MAIN STREET
SUITE 300
City-State-Zip: STILLWATER MN 55082

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: DAVID NOLLETTE

CFO

02/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date