

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000053290

Entity Name: ST. CLOUD PHYSICIAN GROUP, LLC

Current Principal Place of Business:

6900 TAVISTOCK LAKES BLVD., SUITE 300
ORLANDO, FL 32827

Current Mailing Address:

6900 TAVISTOCK LAKES BLVD., SUITE300
ORLANDO, FL 32827 US

FEI Number: 81-1871918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 VP, CFO
Name MALTON, DOUGLAS
Address 6900 TAVISTOCK LAKES BLVD.,
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title AUTHORIZED MEMBER
Name ORLANDO FAMILY PHYSICIANS, LLC
Address 6900 TAVISTOCK LAKES BLVD.,
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title PRESIDENT, CEO
Name ABBOTT, WILL
Address 6900 TAVISTOCK LAKES BLVD.,
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title SECRETARY
Name BROWN, DAVID
Address 6900 TAVISTOCK LAKES BLVD.,
SUITE 300
City-State-Zip: ORLANDO FL 32827

Title COO
Name CHARI, RAVI
Address 6900 TAVISTOCK LAKES BLVD.,
SUITE 300
City-State-Zip: ORLANDO FL 32827

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 BROWN

SECRETARY

12/07/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date