

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000059482

**Entity Name:** SOUTHEAST PHYSICIAN ASSOCIATES 1, LLC

**Current Principal Place of Business:**

10621 NORTH KENDALL DRIVE  
SUITE 211  
MIAMI, FL 33176

**Current Mailing Address:**

10621 NORTH KENDALL DRIVE  
SUITE 211  
MIAMI, FL 33176

**FEI Number:** 81-2580278

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, GERALD M  
10621 NORTH KENDALL DRIVE, SUITE 211  
MIAMI, FL 33176 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            PRESIDENT, TREASURER  
Name            GOMEZ, RENE  
Address        10621 NORTH KENDALL DRIVE  
                 SUITE 211  
City-State-Zip: MIAMI FL 33176

Title            EXECUTIVE VP, SECRETARY  
Name            COHEN, GERALD  
Address        10621 NORTH KENDALL DRIVE  
                 SUITE 211  
City-State-Zip: MIAMI FL 33176

*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:** GERALD COHEN

VP, T

03/17/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date