

2023 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000062989

Entity Name: SOUTHEAST PHYSICIAN ASSOCIATES, LLC**Current Principal Place of Business:**10621 NORTH KENDALL DRIVE
SUITE 211
MIAMI, FL 33176**Current Mailing Address:**2103 CORAL WAY
2ND FLOOR
CORAL GABLES, FL 33145 US**FEI Number:** 81-2118622**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**AXEN HEALTH, INC.
2103 CORAL WAY
2ND FLOOR
CORAL GABLES, FL 33145 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:** MICHAEL S. SELLINGER

05/01/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	CEO
Name	GOMEZ, RENE F CEO
Address	10621 NORTH KENDALL DRIVE SUITE 211
City-State-Zip:	MIAMI FL 33176

Title	CCO
Name	DE JESUS, IVAN D.
Address	2103 CORAL WAY 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33145

Title	CFO
Name	SELLINGER, MICHAEL S.
Address	2103 CORAL WAY 2ND FLOOR
City-State-Zip:	CORAL GABLES FL 33145

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: MICHAEL S. SELLINGER

CFO

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date