

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000062989

Entity Name: SOUTHEAST PHYSICIAN ASSOCIATES, LLC

Current Principal Place of Business:

10621 NORTH KENDALL DRIVE
MIAMI, FL 33176

Current Mailing Address:

10621 NORTH KENDALL DRIVE
MIAMI, FL 33176 US

FEI Number: 81-2118622

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, GERALD M
10621 N KENDALL DR, STE 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 AUTHORIZED MEMBER, PRESIDENT,
TREASURER
Name GOMEZ, RENE
Address 10621 NORTH KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

Title AUTHORIZED MEMBER, VP,
SECRETARY
Name COHEN, GERALD
Address 10621 NORTH KENDALL DRIVE
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

03/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date