

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142115

Entity Name: QUALITY PHYSICIANS IPA, LLC

Current Principal Place of Business:

DACELIN ST. MARTIN M.D.
1990 N PROSPECT AVE.
LECANTO, FL 34461

Current Mailing Address:

DACELIN ST. MARTIN M.D.
1990 N PROSPECT AVE.
LECANTO, FL 34461 US

FEI Number: 81-3412073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANDERS, WALTER S
16528 N. DALE MABRY HWY
TAMPA, FL 33618 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	MGR	Title	MGR
Name	DICKERT, ALEX J	Name	ST. MARTIN, DACELIN
Address	905 NORTH CITRUS AVENUE	Address	905 NORTH CITRUS AVENUE
City-State-Zip:	CRYSTAL RIVER FL 34428	City-State-Zip:	CRYSTAL RIVER FL 34428

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: DACELIN ST. MARTIN

MGR

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date