

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000142115

Entity Name: QUALITY PHYSICIANS IPA, LLC

Current Principal Place of Business:

905 NORTH CITRUS AVENUE
ATTENTION: DR. KEN SAVAGE -- PERSONAL
CRYSTAL RIVER, FL 34428

Current Mailing Address:

6118 W COPORATE OAKS DRIVE
ATTENTION: EDWARD J SERRA, CPA
CRYSTAL RIVER, FL 34429 US

FEI Number: 81-3412073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUGG, JOSEPH
ALLEN DELL, P.A., 202 S ROME AVE, STE 100
TAMPA, FL 33606 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
Name SAVAGE, KENNETH L JR.
Address 905 NORTH CITRUS AVENUE
City-State-Zip: CRYSTAL RIVER FL 34428

Title MGR
Name DICKERT, ALEX J
Address 905 NORTH CITRUS AVENUE
City-State-Zip: CRYSTAL RIVER FL 34428

Title MGR
Name ST. MARTIN, DACELIN
Address 905 NORTH CITRUS AVENUE
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

02/01/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date