

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000174351

Entity Name: WEST COLONIAL PHYSICIAN GROUP, LLC**Current Principal Place of Business:**425 W. COLONIAL DR
STE 303
ORLANDO, FL 32804**Current Mailing Address:**425 W. COLONIAL DR
STE 303
ORLANDO, FL 32804 US**FEI Number:** 81-3925162**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 DIRECTOR
Name MALTON, DOUGLAS
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name KOKKINIDES, PENELOPE
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title MANAGING MEMBER
Name ORLANDO FAMILY PHYSICIANS, LLC
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title VICE PRESIDENT & CFO
Name MALTON, DOUGLAS
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name SHINTO, RICHARD A. M.D.
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title COO
Name ABBOTT, WILL
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name BROWN, DAVID
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

Title COO
Name MOYER CAREY, AMY
Address 425 W. COLONIAL DR
STE 303
City-State-Zip: ORLANDO FL 32804

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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: DAVID BROWN**SECRETARY****02/27/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title	CHIEF MEDICAL OFFICER
Name	NIGAM, RUPESH
Address	425 W. COLONIAL DR STE 303
City-State-Zip:	ORLANDO FL 32804