

2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L16000174351

Entity Name: WEST COLONIAL PHYSICIAN GROUP, LLC**Current Principal Place of Business:**5840 W COLONIAL DR
ORLANDO, FL 32808**Current Mailing Address:**6900 TAVISTOCK LAKES BLVD.
SUITE 300
LAKE NONA, FL 32827 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 PRESIDENT & CEO
Name SHINTO, RICHARD A. M.D.
Address 44 S. BROADWAY
STE 100
City-State-Zip: WHITE PLAINS NY 10601

Title VP, CFO, DIRECTOR
Name MALTON, DOUGLAS
Address 44 S. BROADWAY
STE 100
City-State-Zip: WHITE PLAINS NY 10601

Title CHIEF ADMINISTRATIVE OFFICER,
DIRECTOR
Name KOKKINIDES, PENELOPE
Address 44 S. BROADWAY
STE 100
City-State-Zip: WHITE PLAINS NY 10601

Title CHIEF ACCOUNTING OFFICER
Name SORTINO, MICHAEL J.
Address 44 S. BROADWAY
STE 100
City-State-Zip: WHITE PLAINS NY 10601

Title MEMBER
Name ORLANDO FAMILY PHYSICIANS, LLC
Address 6900 TAVISTOCK LAKES BLVD.
SUITE 300
City-State-Zip: LAKE NONA FL 32827

Title GENERAL COUNSEL & SECRETARY
Name PRIZANT, LESLIE
Address 44 S. BROADWAY
STE 100
City-State-Zip: WHITE PLAINS NY 10601

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: LESLIE PRIZANT**GENERAL COUNSEL &
SECRETARY****10/14/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date