

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000227822

Entity Name: CONVIVA PHYSICIAN GROUP, LLC

Current Principal Place of Business:

500 WEST MAIN STREET
LOUISVILLE, KY 40202

Current Mailing Address:

500 WEST MAIN STREET
LOUISVILLE, KY 40202 US

FEI Number: 82-3311429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 MANAGER, MEMBER
Name LEE, STEVE A MD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER
Name ARMAS M.D, JOSE M
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER
Name LAWRENCE, JEFF
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER
Name NEEDLEMAN M.D, ARNOLD
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title MEMBER
Name PRIETO M.D, ANDRES
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

Title DIRECTOR, TAX
Name FELD, DANIEL K
Address 500 WEST MAIN STREET
City-State-Zip: LOUISVILLE KY 40202

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: DANIEL K FELD

DIRECTOR, TAX

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date