2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2019
Secretary of State
0073217391CC

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Entity Name: CONVIVA PHYSICIAN GROUP, PLLC

Current Principal Place of Business:

4960 SW 72ND AVENUE,
SUITE 406
MIAMI, FL 33155

Current Mailing Address:

4960 SW 72ND AVENUE,
SUITE 406
MIAMI, FL 33155 US

FEI Number: 82-3311429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	AUTHORIZED MEMBER
Name	NEEDLEMAN, ARNOLD MD
Address	500 W MAIN ST
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: ARNOLD NEEDLEMAN MD AUTHORIZED MEMBER 04/11/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date