**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 28, 2025**
**Secretary of State**
**6058690061CC**

DOCUMENT# L18000276152

**Entity Name:** INDEPENDENT PHYSICIAN SOLUTIONS, LLC

**Current Principal Place of Business:**

200 2ND AVE S #251
ST PETERSBURG, FL 33701

**Current Mailing Address:**

200 2ND AVE S #251
ST PETERSBURG, FL 33701 US

**FEI Number: 83-2734173**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARMSTRONG, MATTHEW RYAN
200 2ND AVE S #251
ST PETERSBURG, FL 33701 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: MATTHEW ARMSTRONG 04/28/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MANAGER | Title | MANAGER |
| Name | ARMSTRONG, MATTHEW R | Name | JARRETT, AARON K. |
| Address | 200 2ND AVE S #251 | Address | 200 2ND AVE S #251 |
| City-State-Zip: | ST PETERSBURG FL 33701 | City-State-Zip: | ST PETERSBURG FL 33701 |

*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: MATTHEW ARMSTRONG MANAGER 04/28/2025

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