

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

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

04/20/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

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

Title           MANAGER  
Name           JARRETT, AARON K.  
Address        200 2ND AVE S #251  
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

OWNER

04/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date