

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000084515

Entity Name: PHOENIX INTEGRATED MEDICAL CENTER, LLC

Current Principal Place of Business:

1936 LEE RD
SUITE 137
WINTER PARK, FL 32789

Current Mailing Address:

1936 LEE RD
SUITE 137
WINTER PARK, FL 32789 US

FEI Number: 83-4229309

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YEOMANS, TROY DAVID DC
890 N. PHELPS AVE
WINTER PARK, FL 32789 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: TROY D YEOMANS, DC

02/05/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|----------------------|-----------------|----------------------------------|
| Title | MANAGING MEMBER | Title | OWNER, AUTHORIZED REPRESENTATIVE |
| Name | YEOMANS, TROY D DC | Name | HEAD, BRIAN CHRISTOPHER MD |
| Address | 890 N. PHELPS AVE | Address | 4520 PATRICIA ANN CT |
| City-State-Zip: | WINTER PARK FL 32789 | City-State-Zip: | ORLANDO FL 32839 |

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: TROY D. YEOMANS, DC

MANAGING MEMBER

02/05/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date