

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000160694

Entity Name: PHYSICIAN MANAGEMENT SERVICES OF OKLAHOMA II, LLC

Current Principal Place of Business:

3113 LAWTON RD #250
ORLANDO, FL 32803

Current Mailing Address:

3113 LAWTON RD #250
ORLANDO, FL 32803 US

FEI Number: 84-2251654

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

YOUR CAPITAL CONNECTION, INC.
417 E. VIRGINIA ST.
STE. 1
TALLAHASSEE, FL 32301-1283 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
Name VAXCARE, LLC
Address 3113 LAWTON RD., STE. 250
City-State-Zip: ORLANDO FL 32803

Title AUTHORIZED REPRESENTATIVE
Name MCGINN, JAMES P
Address 3113 LAWTON RD., STE. 250
City-State-Zip: ORLANDO FL 32803

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: MCGINN , JAMES P

**AUTHORIZED
REPRESENTATIVE**

04/22/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date