

2020 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	PRESIDENT
Name	DELOACH, CASEY
Address	3113 LAWTON RD #250
City-State-Zip:	ORLANDO FL 32803

Title	SECRETARY
Name	CRABTREE, JOHN
Address	3113 LAWTON RD #250
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	DELOACH, DAVID
Address	3113 LAWTON RD #250
City-State-Zip:	ORLANDO FL 32803

Title	DIRECTOR
Name	MAZZOLI, JON
Address	3113 LAWTON RD #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: CASEY B. DELOACH

PRESIDENT

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date