

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000229539

**Entity Name:** OHI WEST PHYSICIAN PARTNERS, LLC

**Current Principal Place of Business:**

1414 KUHL AVE.  
ORLANDO, FL 32806

**Current Mailing Address:**

1414 KUHL AVE., MP 2  
ORLANDO, FL 32806 US

**FEI Number:** 85-2752487

**Certificate of Status Desired:** No

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

ZIKA, RYAN  
1414 KUHL AVE., MP 2  
ORLANDO, FL 32806 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            AMBR  
Name            HEALTHNET SERVICES, INC.  
Address        1414 KUHL AVE., MP 2  
City-State-Zip: ORLANDO FL 32806

*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:** BERNADETTE SPONG

**DIRECTOR**

**04/05/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date