

2023 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
207 W. GORE ST., SUITE 201
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: RYAN ZIKA

RA

04/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date