2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000346014

FILED
Mar 29, 2022
Secretary of State
1861232115CC

Entity Name: LAKE NONA PHYSICIAN GROUP, LLC

Current Principal Place of Business:

10920 MOSS PARK ROAD, SUITE 100
ORLANDO, FL 32832

Current Mailing Address:

6900 TAVISTOCK LAKE BLVD
STE 300
LAKE NONA, FL 32827 US

FEI Number: 85-3888949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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	MEMBER
Name	ORLANDO FAMILY PHYSICIANS
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	MALTON, DOUGLAS
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	CHIEF ACCOUNTING OFFICER
Name	SORTINO, MICHAEL J.
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	VICE PRESIDENT & CFO
Name	MALTON, DOUGLAS
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	KOKKINIDES, PENELOPE
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	DIRECTOR
Name	SHINTO, RICHARD A. M.D.
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	CHIEF ADMINISTRATIVE OFFICER
Name	KOKKINIDES, PENELOPE
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

Title	PRESIDENT & CEO
Name	SHINTO, RICHARD A. M.D.
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832

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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: ORLANDO FAMILY PHYSICIANS, LLC SOLE MEMBER 03/29/2022

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	GENERAL COUNSEL & SECRETARY
Name	PRIZANT, LESLIE
Address	10920 MOSS PARK ROAD, SUITE 100
City-State-Zip:	ORLANDO FL 32832