

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000347453

**Entity Name:** PHYSICIANS PRACTICE ADVISORS GROUP

**Current Principal Place of Business:**

2472 BREAKWATER WAY  
11-202  
NAPLES, FL 34112

**Current Mailing Address:**

2472 BREAKWATER WAY #11-202  
11-202  
NAPLES, FL 34112 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

WALDRUP, JIMMY R  
2472 BREAKWATER WAY  
11-202  
NAPLES, FL 34112 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            PRES  
Name            WALDRUP, JIMMY R  
Address        2472 BREAKWATER WAY 11-202  
City-State-Zip: NAPLES FL 34112

*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:** JIMMY RAY WALDRUP

**PRESIDENT**

**03/14/2022**

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

\_\_\_\_\_  
Date