2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 31, 2016
Secretary of State
CC9530970396

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Entity Name: PRIMARY CARE PHYSICIANS OF SANFORD, LLC

Current Principal Place of Business:

309 W. FIRST STREET
SANFORD, FL 32771

Current Mailing Address:

309 W. FIRST STREET
SANFORD, FL 32771

FEI Number: 59-3613295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MAMONE, VINCENT J
309 W. FIRST STREET
SANFORD, FL 32771 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	MGR	Title	MGR
Name	VINCENT J. MAMONE	Name	MAMONE, DEBRA A
Address	120 ARCHERS POINT	Address	120 ARCHERS POINT
City-State-Zip:	LONGWOOD FL 32779	City-State-Zip:	LONGWOOD FL 32779

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: VINCENT J MAMONE MGR 03/31/2016

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