

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000005294

Entity Name: GLOBAL PHYSICIAN NETWORK, LLC SERIES I**Current Principal Place of Business:**1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239**Current Mailing Address:**1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 US**FEI Number: 82-1870027****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**EMRICK, KIM
1700 SOUTH TAMIAMI TRAIL
SARASOTA, FL 34239 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
Name	CASEBOLT, KEVIN
Address	4703 HUNTERS RUN
City-State-Zip:	SARASOTA FL 34241

Title	MGR
Name	DOWNES, W. ANDREW
Address	8275 BARTON FARMS BLVD.
City-State-Zip:	SARASOTA FL 34240

Title	MGR
Name	GERBER, JOEL
Address	525 OUTRIGGER LANE
City-State-Zip:	LONGBOAT KEY FL 34228

Title	MGR
Name	HOLLAND, REUBEN W. III
Address	5341 HIDDEN HARDOR RD.
City-State-Zip:	SARASOTA FL 34241

Title	MGR
Name	KAMM, STEVE
Address	441 MEADOW LARK DRIVE
City-State-Zip:	SARASOTA FL 34236

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: JOEL GERBER**CEO****03/17/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date