

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000003777

Entity Name: PHYSICIAN OFFICE PARTNERS, INC.**Current Principal Place of Business:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US**FEI Number:** 74-3050016**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title DIRECTOR, EXECUTIVE VICE
PRESIDENT
Name SMITH, M.D., DOUGLAS
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SENIOR VICE PRESIDENT CLINICAL
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title TREASURER
Name RUTHERFORD, KRISTY
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title EXECUTIVE VICE PRESIDENT, CFO
Name SPARKS, TERESA
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

Title SECRETARY, SENIOR VICE
PRESIDENT
Name WILSON, CRAIG
Address 7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
City-State-Zip: PLANTATION FL 33322

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CRAIG A. WILSON**SECRETARY****06/28/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date