

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M22000017592

**Entity Name:** RIGHTSITE HEALTH PHYSICIANS PROFESSIONAL LIMITED  
LIABILITY COMPANY**FILED**  
**Feb 27, 2023**  
**Secretary of State**  
**3902597951CC****Current Principal Place of Business:**8700 CROWNHILL BLVD  
SUITE 800  
SAN ANTONIO, TX 78209**Current Mailing Address:**8700 CROWNHILL BLVD  
SUITE 800  
SAN ANTONIO, TX 78209 US**FEI Number: 88-3384105****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR., STE. A  
TALLAHASSEE, FL 32301 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	MBR
Name	DEMESTIHAS, MENELAOS M.D.
Address	8700 CROWNHILL BLVD SUITE 800
City-State-Zip:	SAN ANTONIO TX 78209

Title	AP
Name	DEMESTIHAS, MENELAOS M.D.
Address	8700 CROWNHILL BLVD SUITE 800
City-State-Zip:	SAN ANTONIO TX 78209

Title	P
Name	DEMESTIHAS, MENELAOS M.D.
Address	8700 CROWNHILL BLVD SUITE 800
City-State-Zip:	SAN ANTONIO TX 78209

*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: MENELAOS DEMESTIHAS****PRESIDENT****02/27/2023**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date