2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2012
Secretary of State

DOCUMENT# L11000098004

Entity Name: PHYSICIAN PARTNERSHIP ALLIANCE LLC

Current Principal Place of Business:

2512 WEST FERN STREET
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

2512 WEST FERN STREET
TAMPA, FL 33614

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GIOVINCO, IAN S
609 W AZEELE STREET
SUITE D
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DEHLINGER, CAROLYN
Address: 2512 WEST FERN STREET
City-St-Zip: TAMPA, FL 33614

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: CAROLYN DEHLINGER MGRM 04/28/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date