

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008576

**FILED**  
**Feb 10, 2020**  
**Secretary of State**  
**8293372406CC**

**Entity Name:** AMERICAN ASSOCIATION FOR PHYSICIAN LEADERSHIP, INC.

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**FEI Number:** 54-1032555

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ANGOOD, PETER B MD  
400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 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  
Name LAWRENCE, LINDA MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title PRESIDENT, CEO  
Name ANGOOD, PETER B MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name GOKLI, ASH DR  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title PAST CHAIR  
Name JOLISSAINT, GREGORY JAMES MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title CHAIR  
Name LESTER, MARK DR  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name SHAW, HOWARD DR  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title DIRECTOR  
Name TZEEL, ALBERT DR  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

Title SECRETARY  
Name ZETTERSTROM, HANS  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

**Continues on page 2**

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER BRIAN ANGOOD

**PRESIDENT AND CEO**

**02/10/2020**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           TREASURER  
Name           MARTIN, MICHELLE A  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           LAURENT, LISA A MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           DUGGAN, STEPHANIE MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           CANADY, MICHAEL MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           BICKLE, RANDALL  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           HIGGINS, THOMAS L MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           VP  
Name           SCOTT, BYRON C MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           VANGARSSE, ANNE MD  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           MALCOLM, TERESA  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602

Title           DIRECTOR  
Name           LEVY, BRUCE  
Address        400 NORTH ASHLEY DRIVE  
                  SUITE 400  
City-State-Zip: TAMPA FL 33602