

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000008576

**FILED**  
**Jan 12, 2018**  
**Secretary of State**  
**CC6691015695**

**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 PAST CHAIR  
Name KNIGHT, NAPOLEON 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 CHAIRMAN  
Name MARCO, ALAN MD  
Address 400 NORTH ASHLEY DRIVE  
SUITE 400  
City-State-Zip: TAMPA FL 33602

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

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

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

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

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

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*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 B. ANGOOD

**PRESIDENT & CEO**

**01/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

Title SECRETARY  
Name SITES, RICHARD  
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 DIRECTOR  
Name SCOTT, BYRON C MD  
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 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