

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008576

FILED
Feb 07, 2022
Secretary of State
7380118821CC

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:

REGISTERED AGENT SOLUTIONS, INC.
155 OFFICE PLAZA DR, SUITE 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

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

Title AAPL PAST CHAIR
Name LESTER, MARK 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 AAPL VICE CHAIR
Name DUGGAN, STEPHANIE 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 CANADY, MICHAEL MD
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 ANGOOD

PRESIDENT AND CEO

02/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title DIRECTOR
Name BERRIOS, ZULMA
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 JOSEPH, JULIE
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

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