#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000008576

Entity Name: AMERICAN ASSOCIATION FOR PHYSICIAN LEADERSHIP, INC.

FILED
Jan 28, 2024
Secretary of State
9039497406CC

# **Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602

### **Current Mailing Address:**

400 NORTH ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602 US

FEI Number: 54-1032555 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 2894 REMINGTON GREEN LANE SUITE A TALLAHASSEE, FL 32308 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 Title PRESIDENT, CEO

Name CHUNG, JIMMY DR. Name ANGOOD, PETER B DR.

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

SUITE 1900 SUITE 1900

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title AAPL PAST CHAIR Title DIRECTOR

Name DUGGAN, STEPHANIE DR Name JOY, SAJU DR

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

SUITE 1900 SUITE 1900

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title TREASURER Title DIRECTOR

Name MARTIN, MICHELLE A Name BRUNSON, CLAUDE DR.

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

SUITE 1900 SUITE 1900

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title DIRECTOR Title DIRECTOR

Name LALOR, MICHAEL DR. Name MALCOLM, TERESA DR.

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

SUITE 1900 SUITE 1900

City-State-Zip: TAMPA FL 33602 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 ANGOOD PRESIDENT AND CEO 01/28/2024

### Officer/Director Detail Continued:

VICE CHAIR Title Title AAPL CHAIR BICKLE, RANDALL DR. LEVY, BRUCE DR. Name Name

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE **SUITE 1900** 

**SUITE 1900** 

Address

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

DIRECTOR Title **DIRECTOR** Title

Name JOSEPH, JULIE DR. Name INOUYE, COLLEEN DR.

> 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

**SUITE 1900 SUITE 1900** 

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR** 

JOLISSAINT, J. GREG DR. Name BERRIOS, ZULMA DR. Name

Address 400 NORTH ASHLEY DRIVE Address 400 NORTH ASHLEY DRIVE

**SUITE 1900 SUITE 1900** 

TAMPA FL 33602 City-State-Zip: TAMPA FL 33602 City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** 

TALBOT, ANTHONY BECKER, BRYAN Name Name Address 400 NORTH ASHLEY DRIVE Address 400 N ASHLEY DR

**SUITE 1900** 

**SUITE 1900** 

TAMPA FL 33602 TAMPA FL 33602 City-State-Zip: City-State-Zip: