

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000034173

Entity Name: ALL AMERICAN IPA, LLC**Current Principal Place of Business:**14690 SPRING HILL DRIVE
SUITE 101
SPRING HILL, FL 34609**Current Mailing Address:**14690 SPRING HILL DRIVE
SUITE 101
SPRING HILL, FL 34609 US**FEI Number:** 02-0668172**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BATISTA, JOHN
443 MARINER BLVD
SPRING HILL, FL 34609 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**Authorized Person(s) Detail :**

Title	MGR
Name	ACCESS MANAGEMENT CO., LLC
Address	14690 SPRING HILL DRIVE SUITE 101
City-State-Zip:	SPRING HILL FL 34609

Title	AUTHORIZED MEMBER
Name	BATISTA, JOHN
Address	443 MARINER BOULEVARD
City-State-Zip:	SPRING HILL FL 34609

Title	AUTHORIZED MEMBER
Name	HCA-ACCESS HEALTHCARE HOLDINGS, LLC.
Address	14690 SPRING HILL DRIVE SUITE 101
City-State-Zip:	SPRING HILL FL 34609

Title	AUTHORIZED MEMBER
Name	PRIMECARE HOLDINGS, LLC.
Address	1214 MARINER BOULEVARD
City-State-Zip:	SPRING HILL FL 34609

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN HAYES**CHIEF FINANCIAL
OFFICER****05/29/2020**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date