2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083552

Entity Name: SELECT PHYSICIANS ALLIANCE, P.L.

FILED Apr 12, 2021 **Secretary of State** 9306832320CC

Current Principal Place of Business:

10002 PRINCESS PALM AVE

STE 332

TAMPA, FL 33619

Current Mailing Address:

10002 PRINCESS PALM AVE **STE 332**

TAMPA, FL 33619 US

FEI Number: 27-3337174 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATTS, SHERYL A 10002 PRINCESS PALM DR SUITE 332

TAMPA, FL 33619 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: SHERYL A WATTS 04/12/2021

> Date Electronic Signature of Registered Agent

Authorized Person(s) Detail:

Title **PRESIDENT** Title DIRECTOR

Name RIVERA, MIGUEL A MD Name AGNELLO, PETER FMD

10002 PRINCESS PALM AVE 10002 PRINCESS PALM AVE Address Address

> **STE 332** STE 332

City-State-Zip: **TAMPA FL 33619** City-State-Zip: **TAMPA FL 33619**

Title MGR Title MGR

Name BARTELS, LOREN JMD Name CASTELLANO, DOMINIC MMD

Address 10002 PRINCESS PALM AVE Address 10002 PRINCESS PALM AVE

STE 332 STE 332

City-State-Zip: **TAMPA FL 33619** City-State-Zip: **TAMPA FL 33619**

Title Title MGR

SCOTCH, BRETT A DO VINCENT, DANIEL MD Name Name

10002 PRINCESS PALM AVE 10002 PRINCESS PALM AVE Address Address

STE 332 STE 332

City-State-Zip: **TAMPA FL 33619** City-State-Zip: **TAMPA FL 33619**

Title Title SECRETARY MANAGER

Name POWELL, SCOTT A MD Name DANNER, CHRISTOPHER J MD

Address 10002 PRINCESS PALM AVE Address 10002 PRINCESS PALM AVE

STE 332 STE 332

TAMPA FL 33619 TAMPA FL 33619 City-State-Zip: City-State-Zip:

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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 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.

04/12/2021 SIGNATURE: MIGUEL RIVERA **PRESIDENT**

Authorized Person(s) Detail Continued:

Title MANAGER

Name MCKERNAN, PETER B MD
Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name ANDERSON, SCOTT R MD
Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name BOOTHBY, RENE A MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title TREASURER

Name DONNELLY, KEVIN J MD

Address 10002 PRINCESS PALM AVE

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City-State-Zip: TAMPA FL 33619

Title MANAGER

Name NOFSINGER, YOON C MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name ALLEN, KYLE MD

Address 10002 PRINCESS PALM AVE

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City-State-Zip: TAMPA FL 33619

Title MANAGER

Name AGLIANO, DENNIS S MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name BAINES, PAMELA B MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name DOLGIN, SANFORD R MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name LEE, JANET I MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619

Title MANAGER

Name ROGERS, JEREMY B MD

Address 10002 PRINCESS PALM AVE

STE 332

City-State-Zip: TAMPA FL 33619