

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083552

**Entity Name:** SELECT PHYSICIANS ALLIANCE, P.L.**Current Principal Place of Business:**1127 NIKKI VIEW DRIVE  
BRANDON, FL 33511**Current Mailing Address:**1127 NIKKI VIEW DRIVE  
BRANDON, FL 33511 US**FEI Number:** 27-3337174**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WATTS, SHERYL A  
1127 NIKKI VIEW DRIVE  
BRANDON, FL 33511 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

02/16/2017

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT  
Name            RIVERA, MIGUEL A MD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            DIRECTOR  
Name            AGNELLO, PETER FMD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MGR  
Name            BARTELS, LOREN JMD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MGR  
Name            CASTELLANO, DOMINIC MMD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            VP  
Name            SCOTCH, BRETT A DO  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MGR  
Name            VINCENT, DANIEL MD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MANAGER  
Name            DAVIS, DEAN G MD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title            MANAGER  
Name            POWELL, SCOTT A MD  
Address        1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

**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 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:** MIGUEL RIVERA

PRESIDENT

02/16/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title SECRETARY  
Name DANNER, CHRISTOPHER J MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name AGLIANO, DENNIS S MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name BAINES, PAMELA B MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name DOLGIN, SANFORD R MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name LEE, JANET I MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name ROGERS, JEREMY B MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name CASTELLANO, NELSON D MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name MCKERNAN, PETER B MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name ANDERSON, SCOTT R MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name BOOTHBY, RENE A MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title TREASURER  
Name DONNELLY, KEVIN J MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name NOFSINGER, YOON C MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name FARRIOR, JAY B MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511

Title MANAGER  
Name ALLEN, KYLE MD  
Address 1127 NIKKI VIEW DRIVE  
City-State-Zip: BRANDON FL 33511