

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083552

Entity Name: SELECT PHYSICIANS ALLIANCE, P.L.**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

03/07/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name RIVERA, MIGUEL A MD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title MGR
Name BARTELS, LOREN JMD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title VP
Name SCOTCH, BRETT A DO
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title MANAGER
Name POWELL, SCOTT A MD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name AGNELLO, PETER FMD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title MGR
Name CASTELLANO, DOMINIC MMD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title MGR
Name VINCENT, DANIEL MD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

Title SECRETARY
Name DANNER, CHRISTOPHER J MD
Address 10002 PRINCESS PALM AVE
 STE 332
City-State-Zip: TAMPA FL 33619

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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.

SIGNATURE: RIVERA , MIGUEL A , MD

PRESIDENT

03/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date

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
 STE 332
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
 STE 332
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