2024 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

Mar 01, 2024 Secretary of State 1748474843CC

FILED

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 03/01/2024

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title PRESIDENT Title DIRECTOR

Name RIVERA, MIGUEL A MD Name AGNELLO, PETER FMD

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 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 VP Title MGR

Name SCOTCH, BRETT A DO Name VINCENT, DANIEL MD

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 MANAGER Title SECRETARY

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

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

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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: MIGUEL RIVERA PRESIDENT 03/01/2024

Authorized Person(s) Detail Continued:

Title **MANAGER** Title MANAGER

MCKERNAN, PETER B MD AGLIANO, DENNIS S MD Name Name 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 MANAGER Title MANAGER

Name ANDERSON, SCOTT R MD Name BAINES, PAMELA B 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:

Title MANAGER Title MANAGER

BOOTHBY, RENE A MD DOLGIN, SANFORD R MD Name Name

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:

Title **MANAGER** Title **MANAGER**

Name LEE, JANET I MD Name NOFSINGER, YOON C MD

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 MANAGER **MANAGER**

ROGERS, JEREMY B MD Name Name ALLEN, KYLE MD

10002 PRINCESS PALM AVE Address 10002 PRINCESS PALM AVE Address

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