

2015 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:**1149 NIKKI VIEW DRIVE
BRANDON, FL 33511**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

03/11/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RIVERA, MIGUEL AMD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MGR
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 MGR
Name SCOTCH, BRETT ADO
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 MGR
Name DAVIS, DEAN
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

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

MGR

03/11/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date