

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000098004

**Entity Name:** PHYSICIAN PARTNERSHIP ALLIANCE LLC

**Current Principal Place of Business:**

2512 WEST FERN STREET  
TAMPA, FL 33614

**Current Mailing Address:**

2512 WEST FERN STREET  
TAMPA, FL 33614

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GIOVINCO, IAN S  
2111 W SWANN AVE  
203  
TAMPA, FL 33606 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGRM  
Name DEHLINGER, CAROLYN  
Address 2512 WEST FERN STREET  
City-State-Zip: TAMPA FL 33614

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:** CAROLYN DEHLINGER

MGRM

04/10/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date