

2014 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
1219 N FRANKLIN ST
TAMPA, FL 33602 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

04/28/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date