

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000108073

Entity Name: PHYSICIAN QUALITY ALLIANCE OF FLORIDA, LLC

FILED
Feb 13, 2014
Secretary of State
CC4911229934

Current Principal Place of Business:

9500 S. DADELAND BLVD.
SUITE 802
MIAMI, FL 33156

Current Mailing Address:

9500 S. DADELAND BLVD.
SUITE 802
MIAMI, FL 33156 US

FEI Number: 46-3319156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FERNANDEZ, ALEJANDRO
9500 S. DADELAND BLVD.
SUITE 802
MIAMI, FL 33156 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	Title	MGRM
Name	KUTNER, MARK	Name	KRONBERG, FRANK
Address	9500 S. DADELAND BLVD., SUITE 802	Address	9500 S. DADELAND BLVD., SUITE 802
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156
Title	MGRM	Title	MGRM
Name	ALDRICH, HARRY	Name	SALKIND, GLENN
Address	9500 S. DADELAND BLVD., SUITE 802	Address	9500 S. DADELAND BLVD., SUITE 802
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156
Title	MGRM	Title	MGRM
Name	LEAVITT, JAMES	Name	KOHRMAN, BRUCE
Address	9500 S. DADELAND BLVD., SUITE 802	Address	9500 S. DADELAND BLVD., SUITE 802
City-State-Zip:	MIAMI FL 33156	City-State-Zip:	MIAMI FL 33156

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: JAMES LEAVITT, MD

MGRM

02/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date