

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000028876

**Entity Name:** PROVIDER SERVICES OF AMERICA, LLC

**Current Principal Place of Business:**

2385 NE EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431

**Current Mailing Address:**

2385 NW EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431 US

**FEI Number:** 46-4866276

**Certificate of Status Desired:** No

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

ZIPPER, HARRISON  
2385 NW EXECUTIVE CENTER DRIVE  
SUITE 100  
BOCA RATON, FL 33431 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:** HARRISON ZIPPER

04/15/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name TICHNER, MAC S  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

Title MGR  
Name ZIPPER, HARRISON  
Address 2385 NW EXECUTIVE CENTER DRIVE  
SUITE 100  
City-State-Zip: BOCA RATON FL 33431

*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:** HARRISON ZIPPER

MGR

04/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date