

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000190704

Entity Name: SPECIALTY PHYSICIAN PARTNERS MANAGEMENT LLC

Current Principal Place of Business:

301 W ATLANTIC AVENUE
SUITE O5-01
DELRAY BEACH, FL 33444

Current Mailing Address:

301 W ATLANTIC AVENUE
SUITE O5-01
DELRAY BEACH, FL 33444 US

FEI Number: 47-2543103

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROTTURA, SUE E
3525 SOUTH FEDERAL HIGHWAY
UNIT A
BOYNTON BEACH, FL 33435 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	MGR	Title	MEMBER
Name	ROTTURA, SUE E	Name	ASENCIO, RENEE A
Address	3525 SOUTH FEDERAL HIGHWAY, UNIT A	Address	3525 S FEDERAL HIGHWAY UNIT L
City-State-Zip:	BOYNTON BEACH FL 33435	City-State-Zip:	BOYNTON BEACH FL 33435

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: SUE E ROTTURA

MANAGER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date