

**2019 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 05  
DELRAY BEACH, FL 33444

**FILED**  
**Apr 27, 2019**  
**Secretary of State**  
**0542434375CC**

**Current Mailing Address:**

181 SEDONA WAY  
PALM BEACH GARDENS, FL 33418 US

**FEI Number: 47-2543103**

**Certificate of Status Desired: No**

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

ROTTURA, SUE E  
181 SEDONA WAY  
PALM BEACH GARDENS, FL 33418 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           | MANAGER                     | Title           | AUTHORIZED MEMBER           |
| Name            | ROTTURA, SUE E              | Name            | ASENCIO, RENEE A            |
| Address         | 181 SEDONA WAY              | Address         | 181 SEDONA WAY              |
| City-State-Zip: | PALM BEACH GARDENS FL 33418 | City-State-Zip: | PALM BEACH GARDENS FL 33418 |

*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**

**04/27/2019**

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

\_\_\_\_\_  
Date