

2018 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
DELRAY BEACH, FL 33444

Current Mailing Address:

301 W ATLANTIC AVENUE
SUITE O5
DELRAY BEACH, FL 33444 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

04/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date