

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000013085

Entity Name: PROVIDERS HEALTH ALLIANCE, LLC

Current Principal Place of Business:

12008 S SHORE BLVD #108
WELLINGTON, FL 33414

Current Mailing Address:

12008 S SHORE BLVD #108
WELLINGTON, FL 33414 US

FEI Number: 47-2865314

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, NANCY
12008 S SHORE BLVD #108
WELLINGTON, FL 33414 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
Name DOCHNIAK, TINA M
Address 12012 SOUTH SHORE BLVD, #103
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name WISE, STEPHANIE M
Address 12012 SOUTH SHORE BLVD, #103
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name BROWN, NANCY
Address 12008 S SHORE BLVD #108
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name ANDERS, CHERYL
Address 12008 S SHORE BLVD #108
City-State-Zip: WELLINGTON FL 33414

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: NANCY BROWN

MGR

03/22/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date