

**2018 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

**FILED**  
**Apr 18, 2018**  
**Secretary of State**  
**CC7369603096**

*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 AMBR  
Name DOCHNIAK, TINA M  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name WISE, STEPHANIE M  
Address 12008 S SHORE BLVD #108  
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

Title AMBR  
Name BASTIEN-MONTPEIROUS, NATHALIE  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name MORA, MELISSA  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name MARRERO, CARMEN  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name MABE, TINA  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

**Continues on page 2**

*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**

**04/18/2018**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title AMBR  
Name FULLER, JOY  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

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

Title AMBR  
Name GOZAR, JOHN  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name BENYA, DONNA  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name CASSLE, LOIS  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name ROUNDTREE CLECKLEY, MONICA  
DESHAUN  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414

Title AMBR  
Name WHELIHAN IRWIN, BRITTNEY  
Address 12008 S SHORE BLVD #108  
City-State-Zip: WELLINGTON FL 33414