

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000013085

Entity Name: PROVIDERS HEALTH ALLIANCE, LLC

Current Principal Place of Business:

C/O BELLA VIDA FAMILY PRACTICE, LLC
11327 OKEECHOBEE BLVD #2 & 3
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
WELLINGTON, FL 33414 US

FEI Number: 47-2865314

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BROWN, NANCY
C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
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 AMBR
Name DOCHNIAK, TINA M DNP, ARNP
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
City-State-Zip: WELLINGTON FL 33414

Title MGR
Name ANDERS, CHERYL MENDELSON
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name ROSA, MELISSA MORA DO
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name MARRERO, CARMEN MARIA DO
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name MABE, TINA MARIE ARNP
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
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Title AMBR
Name MOWETT-FULLER, JOY LEE ARNP
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
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Title AMBR
Name CASSLE, LOIS ARNP
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
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Title AMBR
Name ROUNDTREE CLECKLEY, MONICA DESHAUN ARNP
Address C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-413
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
SIGNATURE: NANCY BROWN RA 04/29/2019
that my name appears above, or on an attachment with all other like empowered.

Electronic Signature of Signing Authorized Person(s) Detail

Date