

2024 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
11327 OKEECHOBEE BLVD #2 & 3
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

PROVIDERS HEALTH ALLIANCE
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:

ANDERS, CHERYL
C/O THINK BIG HEALTH CARE SOLUTIONS, LLC
11924 FOREST HILL BOULEVARD STE 10A-138
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 PROVIDERS HEALTH ALLIANCE
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 PROVIDERS HEALTH ALLIANCE
11924 FOREST HILL BOULEVARD STE
10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name ALEMAN CHINEA, RICARDO
Address PROVIDERS HEALTH ALLIANCE
11924 FOREST HILL BOULEVARD STE
10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name REYES , ANITA
Address PROVIDERS HEALTH ALLIANCE
11924 FOREST HILL BOULEVARD STE
10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name MADZEWA, FELISTAS
Address PROVIDERS HEALTH ALLIANCE
11924 FOREST HILL BOULEVARD STE
10A-413
City-State-Zip: WELLINGTON FL 33414

Title AUTHORIZED MEMBER
Name SCHNEIDER, LISA
Address PROVIDERS HEALTH ALLIANCE
11924 FOREST HILL BOULEVARD STE
10A-413
City-State-Zip: WELLINGTON FL 33414

Title AMBR
Name MILOSCIA, JOHN MD
Address 11924 FOREST HILL BLVD STE 10A
413
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: CHERYL ANDERS

CEO

03/21/2024

Authorized Person(s) Detail Continued :

Title AMBR
Name ACLOQUE, JUDE MD
Address 11924 FOREST HILL BOULEVARD
 STE 10- 413
City-State-Zip: WELLINGTON FL 33414