2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: SELECT PHYSICIANS ALLIANCE, P.L.

Current Principal Place of Business:

1149 NIKKI VIEW DRIVE
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

1149 NIKKI VIEW DRIVE
BRANDON, FL 33511

New Mailing Address:

FEI Number: 27-3337174 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAZERES, MIKE
1149 NIKKI VIEW DRIVE
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: RIVERA, MIGUEL A MD
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: AGNELLO, PETER F MD
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: BARTELS, LOREN J MD
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: CASTELLANO, DOMINIC M MD
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: SCOTCH, BRETT A DO
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

Title: MGR
Name: VINCENT, DANIEL A MD
Address: 1149 NIKKI VIEW DRIVE
City-St-Zip: BRANDON, FL 33511 US

I hereby certify that the information indicated on this 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 608, Florida Statues.

SIGNATURE: MIGUEL A. RIVERA, MD MGR 04/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date