

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000068030

**Entity Name:** SCORE PHYSICIAN ALLIANCE, LLC

**Current Principal Place of Business:**

6705 38TH. AVENUE N.  
SUITE A  
ST. PETERSBURG, FL 33710

**Current Mailing Address:**

6705 38TH. AVENUE N.  
SUITE A  
ST. PETERSBURG, FL 33710 US

**FEI Number:** 20-5169978

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIRSCHFIELD, JEFFREY ALAN DR.  
6705 38TH. AVENUE N.  
SUITE A  
ST. PETERSBURG, FL 33710 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:** JEFFREY A HIRSCHFIELD

04/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name HIRSCHFIELD, JEFFREY AM.D.  
Address 6705 38TH. AVENUE N. SUITE A  
City-State-Zip: ST. PETERSBURG FL 33710

*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:** JEFFREY A HIRSCHFIELD

MGR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date