2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2016
Secretary of State
CC1803471787

DOCUMENT# L10000083552

Entity Name: SELECT PHYSICIANS ALLIANCE, P.L.

Current Principal Place of Business:

1127 NIKKI VIEW DRIVE
BRANDON, FL 33511

Current Mailing Address:

1127 NIKKI VIEW DRIVE
BRANDON, FL 33511 US

FEI Number: 27-3337174

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WATTS, SHERYL A
1127 NIKKI VIEW DRIVE
BRANDON, FL 33511 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: SHERYL A WATTS 03/08/2016

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	PRESIDENT
Name	RIVERA, MIGUEL A MD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	BARTELS, LOREN JMD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	VP
Name	SCOTCH, BRETT A DO
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	MANAGER
Name	DAVIS, DEAN G MD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	DIRECTOR
Name	AGNELLO, PETER FMD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	CASTELLANO, DOMINIC MMD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	MGR
Name	VINCENT, DANIEL MD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

Title	TREASURER
Name	POWELL, SCOTT A MD
Address	1127 NIKKI VIEW DRIVE
City-State-Zip:	BRANDON FL 33511

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: MIGUEL RIVERA PRESIDENT 03/08/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title SECRETARY
Name DANNER, CHRISTOPHER J MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name AGLIANO, DENNIS S MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name BAINES, PAMELA B MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name DOLGIN, SANFORD R MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name LEE, JANET I MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name ROGERS, JEREMY B MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name CASTELLANO, NELSON D MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name MCKERNAN, PETER B MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title DIRECTOR
Name ANDERSON, SCOTT R MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name BOOTHBY, RENE A MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name DONNELLY, KEVIN J MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name NOFSINGER, YOON C MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name FARRIOR, JAY B MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

Title MANAGER
Name ALLEN, KYLE MD
Address 1127 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511