

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005586

Entity Name: PHYSICIAN PARTNERS OF AMERICA, LLC**Current Principal Place of Business:**504 N. REO ST.
TAMPA, FL 33609**Current Mailing Address:**504 N. REO ST.
TAMPA, FL 33609 US**FEI Number:** 90-0962715**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**RAJAN-WILSON, REKHA
504 N. REO ST.
TAMPA, FL 33609 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:** REKHA RAJAN-WILSON

03/30/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WOOD, DAVID A
Address 504 N. REO ST.
City-State-Zip: TAMPA FL 33609

Title COO
Name HELMS, JOSH
Address 504 N. REO ST.
City-State-Zip: TAMPA FL 33609

Title VP FINANCE
Name MARY, PRIOLO
Address 504 N. REO ST.
City-State-Zip: TAMPA FL 33609

Title CAO
Name GARI, TRACIE
Address 504 N. REO ST.
City-State-Zip: TAMPA FL 33609

Title CEO
Name WADE, MARK
Address 504 N. REO ST.
City-State-Zip: TAMPA FL 33609

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: MARY PRIOLO

VP

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date