

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084852

FILED  
Feb 03, 2012  
Secretary of State

Entity Name: FLORIDA HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

8906 BRITTANY WAY  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

240 CORPORATE BLVD  
NORFOLK, VA 23502

**New Mailing Address:**

FEI Number: 59-3537092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

MORGAN, RUSSELL VP/DIR  
8906 BRITTANY WAY  
TAMPA, FL 33619 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

**OFFICERS AND DIRECTORS:**

Title: DIR  
Name: MOORE, J. DAVID  
Address: 8906 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

Title: DIR  
Name: MORGAN, RUSSELL  
Address: 8906 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

Title: DIR  
Name: DAVID, LOMAKA  
Address: 8906 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

Title: TREA  
Name: KASSAB, JERRY  
Address: 1800 MERCY DR.  
City-St-Zip: ORLANDO, FL 32808

Title: DIR  
Name: HAMEL, ROBIN  
Address: 8906 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

Title: PRES  
Name: GLYNN, PATRICK  
Address: 8906 BRITTANY WAY  
City-St-Zip: TAMPA, FL 33619

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RUSSELL MORGAN

DIR

02/03/2012

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date