

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000046214

1. Entity Name  
HEALTHEASE OF FLORIDA, INC.



FILED

05 APR 15 PM 4:47

FLORIDA, STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
6800 N. DALE MABRY HWY, STE. 268  
TAMPA, FL 33614

Mailing Address  
6800 N. DALE MABRY HWY, STE. 268  
TAMPA, FL 33614

2. Principal Place of Business  
8735 HENDERSON ROAD, REN 2

3. Mailing Address  
8735 HENDERSON ROAD, REN 2



02222005 Chg-P CR2E034 (10/03)

City & State  
TAMPA, FLORIDA

City & State  
TAMPA, FLORIDA

4. FEI Number  
59-3646690

Applied For  
Not Applicable

Zip  
33634

Country  
USA

Zip  
33634

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

800050929968

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D  
PATEL, KIRAN C MD  
STREET ADDRESS  
6800 N. DALE MABRY HWY., STE. 268  
CITY-ST-ZIP  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
PD  
FARHA, TODD S  
STREET ADDRESS  
6800 N DALE MABRY HWY SUITE 268  
CITY-ST-ZIP  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
VASA  
SMITH, DAVID TD  
STREET ADDRESS  
6800 N DALE MABRY HWY SUITE 268  
CITY-ST-ZIP  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
D  
CLARKE, GARY  
STREET ADDRESS  
6800 N DALE MABRY HWY SUITE 268  
CITY-ST-ZIP  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
VSD  
BEREDAY, THADDEUS  
STREET ADDRESS  
6800 N DALE MABRY HWY SUITE 268  
CITY-ST-ZIP  
TAMPA, FL 33614 ☐ Delete

TITLE  
NAME  
  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
D  
PATEL, KIRAN C. MD  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE  
NAME  
P/CEO/D  
FARHA, TODD S.  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE  
NAME  
V/S/T/D  
SMITH, DAVID  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE  
NAME  
D  
CLARKE, GARY  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE  
NAME  
S/D  
BEREDAY, THADDEUS  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☒ Change ☐ Addition

TITLE  
NAME  
CFO/T/D  
BEHRENS, PAUL L.  
STREET ADDRESS  
8735 HENDERSON ROAD, REN 2  
CITY-ST-ZIP  
TAMPA, FL 33634 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Date

813-290-6353

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 315782 . 7105070

AUTHORIZATION :

*Patricia Pagano*

COST LIMIT : \$ 158.75

ORDER DATE : April 14, 2005

ORDER TIME : 2:42 PM

ORDER NO. : 315782-040

CUSTOMER NO: 7105070

CUSTOMER: Ms. Sandra L. Blake  
Greenberg Traurig, P.a.  
Suite 500  
800 Connecticut Avenue, N.w.  
Washington, DC 20006

ANNUAL REPORT FILING

NAME: HEALTHEASE OF FLORIDA, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
       PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: \_\_\_\_\_

05 APR 15 PM 4:19  
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