2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
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Entity Name: FLORIDIANS FOR PATIENT PROTECTION, INC.

Current Principal Place of Business:

218 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

Current Mailing Address:

218 SOUTH MONROE STREET
TALLAHASSEE, FL 32301

FEI Number: 01-0640014

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MEYER, RONALD GESQ
2544 BLAIRSTONE PINES DR.
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D	Title	P
Name	CLARK, MARK	Name	IMBERTSON, JACQUELINE
Address	P. O. BOX 4056	Address	1101 CHEROKEE STREET
City-State-Zip:	WEST PALM BEACH FL 33402	City-State-Zip:	JUPITER FL 33458
Title	DIRECTOR	Title	SECRETARY
Name	BATES, H. SCOTT	Name	GOLD, PHILLIP
Address	20 N. ORANGE AVENUE SUITE 1607	Address	2121 PONCE DE LEON BLVS SUITE 740
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	CORAL GABLES FL 33134
Title	TREASURER	Title	DIRECTOR
Name	STEWART, STEVEN	Name	HENLEY, DEBRA
Address	218 S. MONROE STREET	Address	218 S. MONROE STREET
City-State-Zip:	TALLAHASSEE FL 32301	City-State-Zip:	TALLAHASSEE FL 32301

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA HENLEY DIRECTOR 04/17/2015

Electronic Signature of Signing Officer/Director Detail — Date