

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000003267

**Entity Name:** FLORIDA HEALTHCARE REMEDY, INC.

**Current Principal Place of Business:**

306 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

306 EAST COLLEGE AVENUE  
TALLAHASSEE, FL 32301

**FEI Number:** 46-2459775

**Certificate of Status Desired:** No

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

BELL, BILL  
306 EAST COLLEGE AVENUE  
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 DP  
Name RASSMUSSEN, RICH  
Address 306 EAST COLLEGE AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title DST  
Name MCBREARTY, SARAH B  
Address 306 EAST COLLEGE AVENUE  
City-State-Zip: TALLAHASSEE FL 32301

Title D  
Name GILKESON, SHIRLEY  
Address 306 EAST COLLEGE AVENUE  
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:** RICH RASSMUSSEN

**DIRECTOR/PRESIDENT**

**04/18/2014**

Electronic Signature of Signing Officer/Director Detail

Date