

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001447

Entity Name: FLORIDA PATIENT ASSOCIATION INC.**Current Principal Place of Business:**1220 SAINT TROPEZ CIRCLE
ORLANDO, FL 32806**Current Mailing Address:**P.O. BOX 568803
ORLANDO, FL 32856**FEI Number:** 47-2998695**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HUNTER, DAVID M
1220 SAINT TROPEZ CIRCLE
ORLANDO, FL 32806 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	P
Name	HUNTER, DAVID M
Address	1220 SAINT TROPEZ CIRCLE
City-State-Zip:	ORLANDO FL 32806

Title	SEC
Name	JOHNSTON, ISABELLA
Address	P.O. BOX 3856
City-State-Zip:	WINTER PARK FL 32790

Title	O
Name	RANEY, RANDAL
Address	P.O. BOX 568803
City-State-Zip:	ORLANDO FL 32856

Title	O
Name	METIVIER, FREDERICK
Address	P.O. BOX 568803
City-State-Zip:	ORLANDO FL 32856

Title	VP
Name	WEYBERIGHT, EVAN
Address	P.O. BOX. 568803
City-State-Zip:	ORLANDO FL 32856

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: DAVID MICHAEL HUNTER**PRESIDENT****03/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date