

**2018 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 HUNTER**PRESIDENT****03/20/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date