

**2023 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 CHAIRMAN AND PRESIDENT  
Name HUNTER, DAVID M  
Address 1220 SAINT TROPEZ CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title SECRETARY, VP, DIRECTOR  
Name CONNER, MATTHEW  
Address P.O. BOX 568803  
City-State-Zip: ORLANDO FL 32856

Title VICE PRESIDENT AND DIRECTOR  
Name SCHRIMSHER, RANDOL  
Address P.O. BOX 568803  
City-State-Zip: ORLANDO FL 32856

Title DIRECTOR  
Name HOUCK, DORIS  
Address P.O. BOX 568803  
City-State-Zip: ORLANDO FL 32856

Title OTHER, HONORARY BOARD MEMBER  
IN MEMORIAL  
Name METIVIER, FREDERICK PHD  
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****04/30/2023**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date