

2016 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 M. HUNTER

PRESIDENT

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date