

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007416

Entity Name: FMDA-THE FLORIDA SOCIETY FOR POST-ACUTE AND LONG-TERM CARE MEDICINE, INC.

FILED
Jan 11, 2017
Secretary of State
CC1882071542

Current Principal Place of Business:

400 EXECUTIVE CENTER DRIVE, STE 208
WEST PALM BEACH, FL 33401

Current Mailing Address:

400 EXECUTIVE CENTER DRIVE, STE 208
WEST PALM BEACH, FL 33401 US

FEI Number: 81-3438184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORDES, IAN L
400 EXECUTIVE CENTER DRIVE, STE 208
WEST PALM BEACH, FL 33401 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	PD	Title	VPD
Name	HOCK, LEONARD JR., DO	Name	RANDALL, RHONDA DO
Address	1531 W. PALMETTO PARK RD	Address	48 INTERLAKEN ROAD
City-State-Zip:	BOCA RATON FL 33486	City-State-Zip:	ORLANDO FL 32801
Title	STD		
Name	FOLEY, MICHAEL MD		
Address	524 W JAMES LEE BLVD		
City-State-Zip:	CRESTVIEW FL 32536		

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: LEONARD HOCK, DO

PRESIDENT

01/11/2017

Electronic Signature of Signing Officer/Director Detail

_____ Date