2021 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, 2021
Secretary of State
1576186786CC

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:

CORECARE ASSOCIATES, INC. 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: IAN CORDES 01/11/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitleCHAIRMANTitlePAST PRESIDENT, OTHERNameHOCK, LEONARD JR., DONameRANDALL, RHONDA DOAddress1531 W. PALMETTO PARK RDAddress48 INTERLAKEN ROAD

City-State-Zip: BOCA RATON FL 33486 City-State-Zip: ORLANDO FL 32801

Title STD Title PRESIDENT

Name HAMES, ELIZABETH MD, CMD Name TAFUR, ANGEL MD, CMD
Address 3200 S. UNIVERSITY DR Address 1503 BUENOS AIRES BLVD.

BLDG. 160

City-State-Zip: FT. LAUDERDALE FL 33328 City-State-Zip: THE VILLAGES FL 32159

Title VP

Name SANDERS-CEPADA, DIANE DO, CMD

Address 2705 NW 83RD WAY

City-State-Zip: COOPER CITY FL 33024

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: ANGEL TAFUR PRESIDENT 01/11/2021