

**2022 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 23, 2022**  
**Secretary of State**  
**4061965373CC**

**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**

**01/23/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	CHAIRMAN	Title	PAST PRESIDENT, OTHER
Name	RANDALL, RHONDA DO	Name	ANGEL, TAFUR MD, CMD
Address	48 INTERLAKEN ROAD	Address	1503 BUENOS AIRES BLVD. BLDG. 160
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	THE VILLAGES FL 32159
Title	STD	Title	VP
Name	HAMES, ELIZABETH MD, CMD	Name	SHARK, BIRD MD, CMD
Address	3200 S. UNIVERSITY DR	Address	111 BROAD AVENUE
City-State-Zip:	FT. LAUDERDALE FL 33328	City-State-Zip:	DAYTONA BEACH FL 32118-6314
Title	PRESIDENT		
Name	SANDERS-CEPEDA, 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: DIANE SANDERS-CEPEDA**

**PRESIDENT**

**01/23/2022**

Electronic Signature of Signing Officer/Director Detail

Date