

2024 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
Feb 05, 2024
Secretary of State
8061328619CC

Current Principal Place of Business:

3123 BREAKWATER CT
WEST PALM BEACH, FL 33411

Current Mailing Address:

3123 BREAKWATER CT
WEST PALM BEACH, FL 33411 US

FEI Number: 81-3438184

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORECARE ASSOCIATES, INC.
3123 BREAKWATER CT
WEST PALM BEACH, FL 33411 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

02/05/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name ANGEL, TAFUR MD, CMD
Address 1503 BUENOS AIRES BLVD.
BLDG. 160
City-State-Zip: THE VILLAGES FL 32159

Title PRESIDENT
Name SHARK, BIRD MD, CMD
Address 111 BROAD AVENUE
City-State-Zip: DAYTONA BEACH FL 32118-6314

Title IMMEDIATE PAST PRESIDENT
Name SANDERS-CEPEDA, DIANE DO, CMD
Address 2705 NW 83RD WAY
City-State-Zip: COOPER CITY FL 33024

Title VP
Name GONZALEZ RODRIGUEZ, ALFONSO MD
Address 13303 LAKE LIVE OAK DR.
City-State-Zip: ORLANDO FL 32828

Title TREASURER
Name GLOTH, F. MICHAEL MD, FACP,
AGSF, CMD
Address 1441 HERITAGE BLVD
City-State-Zip: IMMOKALEE FL 34142

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: SHARK BIRD

PRESIDENT

02/05/2024

Electronic Signature of Signing Officer/Director Detail

Date