

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000009339

Entity Name: CONCORDIA OF FLORIDA, INC.**Current Principal Place of Business:**134 MARWOOD ROAD
CABOT, PA 16023**Current Mailing Address:**134 MARWOOD ROAD
CABOT, PA 16023 US**FEI Number:** 37-1869372**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRANNEN, BRECK
215 S. MONROE STREET
SECOND FLOOR
TALLAHASSEE, FL 32301 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
Name	FRNDAK, KEITH
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	SD
Name	HORTERT, BRIAN
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	TD
Name	FALBO, MICHAEL
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	DIRECTOR
Name	BOWSER, PATSY
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	DIRECTOR
Name	VAREHA, HOLLY
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	DIRECTOR
Name	ROUDA, HOPE
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	DIRECTOR
Name	TRETTEL, MARTIN
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

Title	DIRECTOR
Name	GUY, KIMBERLY
Address	134 MARWOOD ROAD
City-State-Zip:	CABOT PA 16023

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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: BRECK BRANNEN**ATTORNEY****02/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name NEFF, SHAWNEE
Address 134 MARWOOD ROAD
City-State-Zip: CABOT PA 16023

Title AUTHORIZED REPRESENTATIVE
Name BRANNEN, BRECK
Address 215 S. MONROE STREET
 SUITE 200
City-State-Zip: TALLAHASSEE FL 32301