

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000037212

Entity Name: FREEDOM HEALTH, INC.

Current Principal Place of Business:

4200 W. CYPRESS STREET
SUITE 1000
TAMPA, FL 33607

FILED
Apr 05, 2021
Secretary of State
3341167635CC

Current Mailing Address:

4200 W. CYPRESS STREET
SUITE 1000
TAMPA, FL 33607 US

FEI Number: 41-2128275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 | DIRECTOR |
| Name | WAGNER, JAY H. |
| Address | 220 VIRGINIA AVENUE |
| City-State-Zip: | INDIANAPOLIS IN 46204 |
| Title | DIRECTOR |
| Name | TURANO, MICHELLE |
| Address | 4200 W. CYPRESS STREET |
| City-State-Zip: | TAMPA FL 33607 |
| Title | SECRETARY |
| Name | KIEFER, KATHLEEN S. |
| Address | 220 VIRGINIA AVENUE |
| City-State-Zip: | INDIANAPOLIS IN 46204 |
| Title | CHIEF MEDICAL DIRECTOR |
| Name | STERN, MARK |
| Address | 5600 MARINER STREET SUITE 227 |
| City-State-Zip: | TAMPA FL 33609 |

| | |
|-----------------|-------------------------|
| Title | DIRECTOR |
| Name | YOUNG, JACK L. |
| Address | 4425 CORPORATION LANE |
| City-State-Zip: | VIRGINIA BEACH VA 23462 |
| Title | TREASURER |
| Name | SCHER, VINCENT E. |
| Address | 220 VIRGINIA AVENUE |
| City-State-Zip: | INDIANAPOLIS IN 46204 |
| Title | ASST. TREASURER |
| Name | NOBLE, ERIC K |
| Address | 220 VIRGINIA AVENUE |
| City-State-Zip: | INDIANAPOLIS IN 46204 |
| Title | ASST. SECRETARY |
| Name | PAPOULIS, STEPHANIE R |
| Address | 4200 W. CYPRESS STREET |
| City-State-Zip: | MIAMI FL 33607 |

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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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHLEEN S. KIEFER

SECRETARY

04/05/2021

Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title PRESIDENT, CEO, DIRECTOR
Name JOHNSON, DOUGLAS J
Address 4200 W. CYPRESS STREET
City-State-Zip: TAMPA FL 33607