2022 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

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:

City-State-Zip:

Electronic Signature of Registered Agent

Date

FILED Apr 26, 2022

Secretary of State

5571158772CC

Officer/Director Detail:

Title **DIRECTOR** Title **DIRECTOR**

Name WAGNER, JAY H. Name YOUNG, JACK L.

Address 4200 W. CYPRESS STREET Address 4200 W. CYPRESS STREET **SUITE 1000**

SUITE 1000

TAMPA FL 33607 TAMPA FL 33607 City-State-Zip: City-State-Zip:

Title **DIRECTOR** Title **TREASURER**

SCHER, VINCENT E. TURANO, MICHELLE Name Name

4200 W. CYPRESS STREET 4200 W. CYPRESS STREET Address Address

SUITE 1000 City-State-Zip: TAMPA FL 33607

TAMPA FL 33607 City-State-Zip:

Title **SECRETARY**

Title ASST. TREASURER KIEFER, KATHLEEN S. Name NOBLE, ERIC K

4200 W. CYPRESS STREET Address 4200 W. CYPRESS STREET Address **SUITE 1000**

SUITE 1000

Name

TAMPA FL 33607 City-State-Zip: City-State-Zip: TAMPA FL 33607

CHIEF MEDICAL DIRECTOR Title

Title PRESIDENT, CEO, DIRECTOR Name STERN, MARK ROBERTS, SUZANNA BELL Name

4200 W. CYPRESS STREET Address Address 4200 W. CYPRESS STREET

SUITE 1000 SUITE 1000

TAMPA FL 33607 City-State-Zip: TAMPA FL 33607

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.

04/26/2022 SIGNATURE: KATHLEEN SUSAN KIEFER SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date