

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000044668

**Entity Name:** HEALTHPATH PARTNERS, INC

**Current Principal Place of Business:**

2100 CORAL WAY  
#601  
MIAMI, FL 33145

**FILED**  
**Apr 30, 2018**  
**Secretary of State**  
**CC3417477332**

**Current Mailing Address:**

2100 CORAL WAY  
#601  
MIAMI, FL 33145 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HERMELEE LAW, P.L.  
2100 CORAL WAY  
#601  
MIAMI, FL 33145 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	P	Title	VP
Name	TISCHLER, SAMUEL G	Name	WYNN, JASON T
Address	2004 N 41ST AVENUE	Address	3800 SOUTH OCEAN DRIVE #1514
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	HOLLYWOOD FL 33019

*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: SAMUEL TISCHLER**

**P**

**04/30/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date