

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000023606

**Entity Name:** HERNANDO HEALTHCARE ASSOCIATES, P.A.

**Current Principal Place of Business:**

8468 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

**Current Mailing Address:**

8468 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

**FEI Number:** 59-3365925

**Certificate of Status Desired:** No

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

TERLEP, TIMOTHY T. D.C.  
8468 NORTHCLIFFE BLVD.  
SPRING HILL, FL 34606 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:** TIMOTHY T. TERLEP, D.C.

01/28/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name TERLEP, TIMOTHY T. D.C.  
Address 8468 NORTHCLIFFE BLVD  
City-State-Zip: SPRING HILL FL 34606

*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:** TIMOTHY T. TERLEP, D.C.

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date