

2014 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.

04/29/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
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

04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date