

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000023606

**Entity Name:** HERNANDO HEALTHCARE ASSOCIATES, INC.

**Current Principal Place of Business:**

8466 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606

**Current Mailing Address:**

8466 NORTHCLIFFE BLVD  
SPRING HILL, FL 34606 US

**FEI Number:** 59-3365925

**Certificate of Status Desired:** No

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

MOYNIHAN, DANIEL P MD  
8466 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:** DANIEL P. MOYNIHAN, MD

03/05/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            DIRECTOR, PRESIDENT  
Name            MOYNIHAN, DANIEL P MD  
Address        8466 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:** DANIEL P MOYNIHAN MD

OWNER

03/05/2024

Electronic Signature of Signing Officer/Director Detail

Date