

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084852

Entity Name: FLORIDA HEALTH PARTNERS, INC.

Current Principal Place of Business:

8906 BRITTANY WAY
TAMPA, FL 33619

Current Mailing Address:

240 CORPORATE BLVD
NORFOLK, VA 23502

FEI Number: 59-3537092

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 TREA
Name KASSAB, JERRY
Address 1800 MERCY DR.
City-State-Zip: ORLANDO FL 32808

Title SECRETARY/DIRECTOR
Name LEWIS BROWN, MARSHA
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name LEE, KAREN
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title VICE PRESIDENT/DIRECTOR
Name ROSENBERG, PAUL M
Address 240 CORPORATE BLVD
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR
Name MINGE, III, JOHN
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name CLAVECILLA-CHAN, MARIE T
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name MACMATH, GARY
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name GLYNN, JAY
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

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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: PAUL M ROSENBERG

**VICE
PRESIDENT/DIRECTOR**

04/03/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LOTT, APRIL
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name WHITAKER, JIM
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619

Title DIRECTOR
Name RUTHERFORD, JOE
Address 8906 BRITTANY WAY
City-State-Zip: TAMPA FL 33619