

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000084852

**Entity Name:** FLORIDA HEALTH PARTNERS, INC.

**Current Principal Place of Business:**

240 CORPORATE BLVD.  
NORFOLK, VA 23502

**Current Mailing Address:**

240 CORPORATE BLVD  
NORFOLK, VA 23502

**FEI Number: 59-3537092**

**Certificate of Status Desired: Yes**

**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 DIRECTOR  
Name LEE, KAREN  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR  
Name MINGE, III, JOHN  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR  
Name MACMATH, GARY  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR  
Name LOTT, APRIL  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR  
Name WHITAKER, JIM  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title DIRECTOR  
Name RUTHERFORD, JOE  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title ASSISTANT SECRETARY  
Name WHITE, REBECCA H  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

Title PRESIDENT  
Name FLOWE, ROBERT C  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502

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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: REBECCA H. WHITE**

**ASSISTANT SECRETARY 03/03/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name RISKU, DANIEL M  
Address 240 CORPORATE BLVD.  
City-State-Zip: NORFOLK VA 23502