## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000084852

Entity Name: FLORIDA HEALTH PARTNERS, INC.

**Current Principal Place of Business:** 

1400 CROSSWAYS BLVD SUITE 101 CHESAPEAKE. VA 23320

**Current Mailing Address:** 

1400 CROSSWAYS BLVD SUITE 101 CHESAPEAKE, VA 23320 US

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 SECRETARY Title DIRECTOR, PRESIDENT

Name RISKU, DANIEL M Name FLOW, ROBERT

Address 200 STATE STREET SUITE 302 Address 1400 CROSSWAYS BLVD SUITE 101

City-State-Zip: BOSTON MA 02109 City-State-Zip: CHESAPEAKE VA 23320

Title TREASURER

Name JUSTICE, THURMAN

Address 200 STATE STREET SUITE 302

City-State-Zip: BOSTON MA 02109

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 M RISKU

**SECRETARY** 

04/17/2019

FILED Apr 17, 2019

**Secretary of State** 

5468744979CC

Electronic Signature of Signing Officer/Director Detail

Date