

2021 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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 ASSISTANT SECRETARY, DIRECTOR
Name RISKU, DANIEL M
Address 200 STATE STREET SUITE 302
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name LEE, KAREN
Address 1400 CROSSWAYS BLVD SUITE 101
City-State-Zip: CHESAPEAKE VA 23320

Title PRESIDENT, DIRECTOR
Name COAKLEY, SUSAN
Address 200 STATE STREET
City-State-Zip: BOSTON MA 02109

Title DIRECTOR
Name WAGNER, JAY
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title SECRETARY
Name KIEFER, KATHLEEN
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title TREASURER
Name SCHER, VINCENT
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

Title ASSISTANT TREASURER
Name NOBLE, ERIC
Address 220 VIRGINIA AVENUE
City-State-Zip: INDIANAPOLIS IN 46204

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: KATHLEEN SUSAN KIEFER

SECRETARY

05/03/2021

Electronic Signature of Signing Officer/Director Detail

Date