

**2013 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:**

MORGAN, RUSSELL VP/DIR  
8906 BRITTANY WAY  
TAMPA, FL 33619 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 DIR  
Name MOORE, J. DAVID  
Address 8906 BRITTANY WAY  
City-State-Zip: TAMPA FL 33619

Title TREA  
Name KASSAB, JERRY  
Address 1800 MERCY DR.  
City-State-Zip: ORLANDO FL 32808

Title PRESIDENT  
Name BROADWAY, EDDY  
Address 8906 BRITTANY WAY  
City-State-Zip: TAMPA FL 33619

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

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

Title DIRECTOR, SECRETARY  
Name BROWN, MARSHA L  
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

**Continues on page 2**

*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:** EDDY BROADWAY

**PRESIDENT**

**01/18/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SCHIMMEL, DAVE  
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

Title DIRECTOR  
Name LOTT, APRIL  
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