## 2020 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

### Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 US

# FILED Apr 27, 2020 Secretary of State 6785705613CC

Certificate of Status Desired: No

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

### Officer/Director Detail :

| Title           | SECRETARY                     | Title           | DIRECTOR                      |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Name            | RISKU, DANIEL M               | Name            | MACMATH, GARY                 |
| 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           | DIRECTOR                      | Title           | DIRECTOR                      |
| Name            | LOTT, APRIL                   | Name            | RISKU, DANIEL M               |
| Address         | 1400 CROSSWAYS BLVD SUITE 101 | Address         | 200 STATE STREET SUITE 302    |
| City-State-Zip: | CHESAPEAKE VA 23320           | City-State-Zip: | BOSTON MA 02109               |
| Title           | DIRECTOR                      | Title           | DIRECTOR, PRESIDENT           |
| Name            | RUTHERFORD, JOSEPH            | Name            | FLOWE, ROBERT                 |
| Address         | 1400 CROSSWAYS BLVD SUITE 101 | Address         | 1400 CROSSWAYS BLVD SUITE 101 |
| City-State-Zip: | CHESAPEAKE VA 23320           | City-State-Zip: | CHESAPEAKE VA 23320           |
| Title           | DIRECTOR                      |                 |                               |
| Name            | LEE, KAREN                    |                 |                               |
| Address         | 1400 CROSSWAYS BLVD SUITE 101 |                 |                               |

City-State-Zip: CHESAPEAKE VA 23320

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

04/27/2020

Date

Electronic Signature of Signing Officer/Director Detail

Date