2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2016
Secretary of State
CC0857515217

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Entity Name: FLORIDA HEALTH CARE ASSOCIATION, INC.

Current Principal Place of Business:

307 W. PARK AVENUE
TALLAHASSE, FL 32301

Current Mailing Address:

PO BOX 1459
TALLAHASSE, FL 32302

FEI Number: 59-1229583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REED, JAMES EMR.
307 W. PARK AVENUE
TALLAHASEE, FL 32301 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	D
Name	REED, JAMES E
Address	307 W. PARK AVENUE
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	MITCHELL, JOE
Address	2123 CENTRE POINTE BOULEVARD
City-State-Zip:	TALLAHASSEE FL 32308

Title	SECRETARY
Name	CARRASCO, MARCO
Address	1593 NW 182ND WAY
City-State-Zip:	PEMBROKE PINES FL 33029

Title	VP
Name	SIMMONS, JOHN C
Address	8780 COUNTRY CREEK BLVD
City-State-Zip:	JACKSONVILLE FL 32221

Title	TREASURER
Name	TERENTEV, ALEX
Address	782 LAKE COMO DRIVE
City-State-Zip:	LAKE MARY FL 32746

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES E REED — DIRECTOR — 04/28/2016

Electronic Signature of Signing Officer/Director Detail — Date