2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2024
Secretary of State
5509484908CC

DOCUMENT# 708963

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 US

FEI Number: 59-1229583

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REED, JAMES EMMETT
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: JAMES EMMETT REED 04/08/2024

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	SECRETARY
Name	SPEARS, PATRICIA
Address	1000 GATES AVENUE
City-State-Zip:	BROOKLYN NY 11221-6295

Title	TREASURER
Name	WAGONER, JOSHUA
Address	700 N. PALMETTO STREET
City-State-Zip:	LEESBURG FL 34748

Title	PRESIDENT
Name	FAULMANN, ANITA
Address	909 S. ROME AVE APT C
City-State-Zip:	TAMPA FL 33606

Title	VP
Name	MORRIS, JULIE
Address	10150 HIGHLAND MANOR DRIVE STE 300
City-State-Zip:	TAMPA FL 33610

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: REED, JAMES E DIRECTOR 04/08/2024

Electronic Signature of Signing Officer/Director Detail — Date