#### **2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**DOCUMENT# 754368** 

Entity Name: PUNTA GORDA MEDICAL ARTS CENTER ASSOCIATION, INC.

FILED
Apr 24, 2021
Secretary of State
3754801794CC

### **Current Principal Place of Business:**

4000 MERIDIAN BLVD FRANKLIN. TN 37067

## **Current Mailing Address:**

4000 MERIDIAN BLVD FRANKLIN. TN 37067 US

FEI Number: 65-0107274 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, 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
 DIRECTOR, EVP
 Title
 SECRETARY

 Name
 HAMMONS, KEVIN J
 Name
 COBB, CHRISTOPHER G

 Address
 4000 MERIDIAN BLVD
 Address
 4000 MERIDIAN BLVD

City-State-Zip: FRANKLIN TN 37067 City-State-Zip: FRANKLIN TN 37067

TitleDIRECTOR, PRESIDENTTitleTREASURER, SENIOR VPNameHINGTGEN, TIM L.NameOTTINGER, R. GABRIELAddress4000 MERIDIAN BLVDAddress4000 MERIDIAN BLVD

City-State-Zip: FRANKLIN TN 37067 City-State-Zip: FRANKLIN TN 37067

Title DIRECTOR Title SENIOR VP

Name FORDHAM, BENJAMIN C Name JOHNSON, JASON K.

Address 4000 MERIDIAN BLVD Address 4000 MERIDIAN BLVD

City-State-Zip: FRANKLIN TN 37067 City-State-Zip: FRANKLIN TN 37067

Title SENIOR VP

Name CASH, W. BRADLEY
Address 4000 MERIDIAN BLVD
City-State-Zip: FRANKLIN TN 37067

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: CHRISTOPHER G. COBB SECRETARY 04/24/2021