

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01773

**Entity Name:** HFK CARE CORPORATION**Current Principal Place of Business:**4200 NW 90TH BLVD.  
GAINESVILLE, FL 32606**Current Mailing Address:**4200 NW 90TH BLVD.  
GAINESVILLE, FL 32606 US**FEI Number:** 59-2386289**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ZIEGLER, STEVEN M  
4300 NW 89TH BLVD.  
GAINESVILLE, FL 32606 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:** STEVEN M. ZIEGLER

04/22/2025

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name DOERR, BENJAMIN I. JR.  
Address 1411 NW 46TH TERRACE  
City-State-Zip: GAINESVILLE FL 32605

Title DIRECTOR, CHAIRMAN  
Name HOOD, GLENDA E.  
Address 1210 LANCASTER DRIVE  
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, VC  
Name SASSER, JACKSON N. PHD  
Address 1096 SW 131ST STREET  
City-State-Zip: NEWBERRY FL 32669

Title CEO, DIRECTOR  
Name ZIEGLER, STEVEN M.  
Address 4300 NW 89TH BLVD.  
City-State-Zip: GAINESVILLE FL 32606

Title DIRECTOR  
Name SCHREIBER, LAWRENCE G  
Address 18768 NW 244TH STREET  
City-State-Zip: HIGH SPRINGS FL 32643

Title DIRECTOR  
Name MADDRON, KEVIN R  
Address 4500 DARTFORD CT  
City-State-Zip: ORLANDO FL 32826

*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:** STEVEN ZIEGLER**CHIEF EXECUTIVE  
OFFICER**

04/22/2025

Electronic Signature of Signing Officer/Director Detail

Date