

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000012008

Entity Name: FHHMC PHYSICIAN DUES ACCOUNT INC.

Current Principal Place of Business:

4200 SUN 'N LAKE BLVD
SEBRING, FL 33872

Current Mailing Address:

4200 SUN 'N LAKE BLVD
SEBRING, FL 33872 US

FEI Number: 82-3971676

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, PANKAJ J MD
4200 SUN 'N LAKE BLVD
SEBRING, FL 33872 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 P,D
Name BASSETTI, DENNIS MD
Address 4200 SUN 'N LAKE BLVD
City-State-Zip: SEBRING FL 33872

Title VPD
Name PATEL, PANKAJ J MD
Address 4200 SUN 'N LAKE BLVD
City-State-Zip: SEBRING FL 33872

Title STD
Name RADA, DINI MD
Address 4200 SUN 'N LAKE BLVD
City-State-Zip: SEBRING FL 33872

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: PANKAJ J PATEL MD

TREASURER

07/01/2018

Electronic Signature of Signing Officer/Director Detail

Date