

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000004885

Entity Name: PARTNERS HEALTH & RECOVERY CORPORATION

Current Principal Place of Business:

4453 HIGHWAY 90, SUITE 100
PACE, FL 32571

Current Mailing Address:

4453 HIGHWAY 90, SUITE 100
PACE, FL 32571 US

FEI Number: 86-3383738

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MAUPIN, KEVIN D MEDICAL DIRECTOR
4453 HIGHWAY 90
SUITE 100
PACE, FL 32571 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: KEVIN D MAUPIN MEDICAL DIRECTOR

04/04/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MAUPIN, KEVIN D. MEDICAL DIRECTOR
Address 4453 HIGHWAY 90, SUITE 100
City-State-Zip: PACE FL 32571

Title VP
Name MAUPIN, LAURA FAMILY NURSE PRACTITIONER
Address 4453 HIGHWAY 90, SUITE 100
City-State-Zip: PACE FL 32571

Title MD
Name MAUPIN, LIANNE NURSE PRACTITIONER
Address 4453 HIGHWAY 90, SUITE 100
City-State-Zip: PACE FL 32507

Title 0
Name RACHEL, LYONS REGISTERED NURSE
Address 4453 US HWY 90, SUITE 100
City-State-Zip: PACE FL 32571

Title O
Name SHARON, BARNHILL
Address 4453 HIGHWAY 90, SUITE 100
City-State-Zip: PACE FL 32571

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: KEVIN D. MAUPIN, MEDICAL DIRECTOR

PRESIDENT

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date