2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2019
Secretary of State
8632370719CC

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Entity Name: SCHF PHYSICIAN PRACTICES WIND-DOWN, INC.

Current Principal Place of Business:

1100 ROCKLEDGE BLVD.
SUITE 100
ROCKLEDGE, FL 32955

Current Mailing Address:

1100 ROCKLEDGE BLVD.
SUITE 100
ROCKLEDGE, FL 32955 US

FEI Number: 59-3398532

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GINDLING, JOHNETTE
1100 ROCKLEDGE BLVD.
SUITE 100
ROCKLEDGE, FL 32955 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	Title	SECRETARY
Name	DWIGHT, JAMES	Name	HUFF, SCOTT
Address	1100 ROCKLEDGE BLVD. SUITE 100	Address	1100 ROCKLEDGE BLVD. SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR	Title	CHAIRMAN
Name	BANCROFT, WILLIAM	Name	DALE , LINDA
Address	1100 ROCKLEDGE BLVD. SUITE 100	Address	1100 ROCKLEDGE BLVD. SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR	Title	DIRECTOR
Name	PICKETT, FRAN	Name	PILATE, PATRICE
Address	1100 ROCKLEDGE BLVD. SUITE 100	Address	1100 ROCKLEDGE BLVD. SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955
Title	DIRECTOR	Title	DIRECTOR
Name	ROMESBERG, TRICIA	Name	BIRD, ADAM
Address	1100 ROCKLEDGE BLVD. SUITE 100	Address	1100 ROCKLEDGE BLVD. SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955	City-State-Zip:	ROCKLEDGE FL 32955

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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: LINDA DALE BOARD CHAIR 03/25/2019

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	YASIN, KHALID
Address	1100 ROCKLEDGE BLVD. SUITE 100
City-State-Zip:	ROCKLEDGE FL 32955