

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J96052

**Entity Name:** FLORIDA MEDICAL CENTER OF NEW PORT RICHEY, INC.

**Current Principal Place of Business:**

C/O DOUGLAS A. WERT  
4648 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**Current Mailing Address:**

C/O DOUGLAS A. WERT  
4648 GRAND BLVD  
NEW PORT RICHEY, FL 34652

**FEI Number:** 59-2849658

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FLORIDA MEDICAL CENTER  
4648 GRAND BLVD.  
NEW PORT RICHEY, FL 34652 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 D  
Name WERT, DOUGLAS A M.D.  
Address C/O DOUGLAS A. WERT  
4648 GRAND BLVD  
City-State-Zip: NEW PORT RICHEY FL 34652

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DOUGLAS WERT

**PRESIDENT**

**05/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date