

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000010546

Entity Name: FLORIDA PREMIERCARE, INC.**Current Principal Place of Business:**603 MAIN STREET
WINDERMERE, FL 34786**Current Mailing Address:**603 MAIN STREET
WINDERMERE, FL 34786**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE, FL 34786 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	C
Name	DIZNEY, DONALD
Address	603 MAIN STREET
City-State-Zip:	WINDERMERE FL 34786

Title	P
Name	DIZNEY, DAVID
Address	603 MAIN STREET
City-State-Zip:	WINDERMERE FL 34786

Title	EVP
Name	BARKMAN, KEVIN
Address	603 MAIN STREET
City-State-Zip:	WINDERMERE FL 34786

Title	SECT
Name	BARKMAN, KEVIN
Address	603 MAIN STREET
City-State-Zip:	WINDERMERE FL 34786

Title	VPF
Name	CORDDRY, DAVID
Address	603 MAIN STREET
City-State-Zip:	WINDERMERE FL 34786

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: KEVIN BARKMAN

EVP

02/16/2016

Electronic Signature of Signing Officer/Director Detail_____
Date