

**2015 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**

**02/23/2015**

Electronic Signature of Signing Officer/Director Detail

Date