

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P16000063629

**Entity Name:** HEALTH CHOICE PARTNERS, INC.

**Current Principal Place of Business:**

712 S. WILLOW AVE.  
TAMPA, FL 33606

**Current Mailing Address:**

712 S. WILLOW AVE.  
TAMPA, FL 33606

**FEI Number: 30-0949058**

**Certificate of Status Desired: No**

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

KING, JACKSON T  
712 S. WILLOW AVE.  
TAMPA, FL 33606 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            P  
Name            KING, JACKSON T  
Address         712 S. WILLOW AVE  
City-State-Zip: TAMPA FL 33606

*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: JACKSON KING**

**PRESIDENT**

**03/20/2024**

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

\_\_\_\_\_ Date