

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P96000080763

**Entity Name:** WELLMED MEDICAL MANAGEMENT OF FLORIDA, INC.**Current Principal Place of Business:**8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240**Current Mailing Address:**8637 FREDERICKSBURG ROAD  
SUITE 360  
SAN ANTONIO, TX 78240 US**FEI Number:** 74-2797745**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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  
Name AUSTIN, GLORIA LEAVITT  
Address PO BOX 9472  
City-State-Zip: MINNEAPOLIS MN 55440

Title DIRECTOR  
Name DREYLING, SCOTT MATHEW  
Address 13625 TECHNOLOGY DRIVE  
City-State-Zip: EDEN PRAIRIE MN 55344

Title DIRECTOR  
Name GRUNDHOEFER, BRYAN DAVID  
Address 8637 FREDERICKSBURG ROAD  
SUITE 360  
City-State-Zip: SAN ANTONIO TX 78240

Title PRESIDENT  
Name RAPIER , GEORGE MCCARROLL III  
Address 8637 FREDERICKSBURG ROAD  
SUITE 360  
City-State-Zip: SAN ANTONIO TX 78240

Title TREASURER  
Name OBERRENDER, ROBERT WORTH  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title SECRETARY  
Name DIOGUARDI, MICHAEL JOHN  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

Title ASSISTANT SECRETARY  
Name HUNTLEY, MICHELLE MARIE  
Address 9900 BREN ROAD EAST  
City-State-Zip: MINNETONKA MN 55343

*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: MICHELLE MARIE HUNTLEY****ASSISTANT SECRETARY 04/09/2016**

Electronic Signature of Signing Officer/Director Detail

Date