

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737111

Entity Name: SSJ HEALTH FOUNDATION, INC.**Current Principal Place of Business:**3661 SOUTH MIAMI AVENUE
SUITE 103
MIAMI, FL 33133**Current Mailing Address:**3661 SOUTH MIAMI AVENUE
SUITE 103
MIAMI, FL 33133**FEI Number:** 59-1709438**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FISHMAN, LEWIS
7700 NORTH KENDALL DRIVE
SUITE 408
MIAMI, FL 33156 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	SD
Name	PUNTES-LEON, ANGELA
Address	3661 SOUTH MIAMI AVE STE 103
City-State-Zip:	MIAMI FL 33133

Title	CD
Name	URIBE, JORGE
Address	3661 SOUTH MAIMI AVE STE 103
City-State-Zip:	MIAMI FL 33133

Title	D
Name	WORLEY, ELIZABETH ANN
Address	3661 SOUTH MIAMI AVE STE 103
City-State-Zip:	MIAMI FL 33133

Title	D
Name	VARONA, JOSE
Address	3661 SOUTH MIAMI AVENUE SUITE 103
City-State-Zip:	MIAMI FL 33133

Title	TD
Name	CASTELLANOS, ALEXANDER
Address	3661 SOUTH MIAMI AVENUE SUITE 103
City-State-Zip:	MIAMI FL 33133

Title	D
Name	LOPEZ, ROSA SSJ
Address	3661 SOUTH MIAMI AVENUE SUITE 103
City-State-Zip:	MIAMI FL 33133

Title	DIRECTOR
Name	HARRIS, ANA
Address	9100 SOUTH DADELAND BLVD. 1701
City-State-Zip:	MIAMI FL 33156

Title	DIRECTOR
Name	SUAREZ, AMANDA
Address	3661 SOUTH MIAMI AVENUE SUITE 103
City-State-Zip:	MIAMI FL 33133

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

SIGNATURE: JORGE URIBE**DIRECTOR****01/26/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FERNANDEZ, GEORGE
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name HERNANDEZ, ZAYDA
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name NUNEZ-MENOCAL, DELIO
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name ANTON , MANUEL P MD
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name LEON, GUSTAVO JR.
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name VADILLO, MANNY
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133

Title DIRECTOR
Name MOLINA, JUAN
Address 3661 SOUTH MIAMI AVENUE
SUUITE 103
City-State-Zip: MIAMI FL 33133