

**2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 739178

Entity Name: CENTRAL FLORIDA FAMILY HEALTH CENTER, INC.

Current Principal Place of Business:

4930 E LAKE MARY BLVD
SANFORD, FL 32771

Current Mailing Address:

4930 E LAKE MARY BLVD
SANFORD, FL 32771 US

FEI Number: 59-1741286

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUNN, JANELLE
4930 E LAKE MARY BLVD
SANFORD, FL 32771 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 BOARD CHAIRMAN
Name PROVAN, EUGENE
Address 935 FALLBROOKE AVE.
City-State-Zip: DELTONA FL 32725

Title BOARD SECRETARY
Name LENZEN, DEBBIE
Address 17 LAURIANNE ROAD
City-State-Zip: DEBARY FL 32713

Title BOARD TREASURER
Name EVANS, AJEEM
Address 1350 ROPER BLVD
City-State-Zip: CLERMONT FL 32811

Title CEO
Name DUNN, JANELLE
Address 4930 E LAKE MARY BLVD
City-State-Zip: SANFORD FL 32771

Title V
Name SIMMONS MCINTYRE, MONIQUE
Address 1807 S MELLONVILLE AVE
City-State-Zip: SANFORD FL 32771

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: JANELLE DUNN

CEO

01/31/2022

Electronic Signature of Signing Officer/Director Detail

Date