

2023 FLORIDA NOT FOR PROFIT CORPORATION 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	1823 HARDING AVENUE
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

01/24/2023

Electronic Signature of Signing Officer/Director Detail_____
Date