2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2024
Secretary of State
5450355706CC

DOCUMENT# 767197

Entity Name: HEALTH COUNCIL OF WEST CENTRAL FLORIDA INC.

Current Principal Place of Business:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609

Current Mailing Address:

550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 US

FEI Number: 59-2266576

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KELLY, TERESA
550 NORTH REO STREET
SUITE 300
TAMPA, FL 33609 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: TERESA KELLY 01/10/2024

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	SECRETARY/TREASURER
Name	NALL, JAMES WESLEY
Address	550 NORTH REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	EXECUTIVE DIRECTOR
Name	KELLY, TERESA
Address	550 NORTH REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	DOBBS, ROBERT
Address	550 NORTH REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	VICE CHAIR
Name	PATTERSON, RUSSELL
Address	550 N REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	CHAIRMAN
Name	KASDAN, VICTORIA
Address	550 NORTH REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

Title	DIRECTOR
Name	ROSE, REMEKA
Address	550 NORTH REO STREET SUITE 300
City-State-Zip:	TAMPA FL 33609

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: TERESA KELLY EXECUTIVE DIRECTOR 01/10/2024

Electronic Signature of Signing Officer/Director Detail — Date