

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769011

**Entity Name:** ASPIRE HEALTH PARTNERS, INC.**Current Principal Place of Business:**5151 ADANSON STREET  
ORLANDO, FL 32804**Current Mailing Address:**5151 ADANSON STREET  
ORLANDO, FL 32804 US**FEI Number:** 59-2301233**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROBB, PAMELA M  
1282 N.W. 105TH AVENUE  
WILDWOOD, FL 34785 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            PRESIDENT, CEO  
Name            HANKEY, BABETTE  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            SECRETARY  
Name            WARD, MICHELLE  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            CHRISTNER, DAVID  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            VOSS, JEFFERSON  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            BRYAN, PAUL  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            CHAIRMAN  
Name            ADAMS, PRESTON  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            EHRLICH, GARY  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title            DIRECTOR  
Name            WILENSKY, LIN  
Address        5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

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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:** SCOTT GRIFFITHS**CHIEF ADMINISTRATIVE  
OFFICER**

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name STEWART, LARRY  
Address 201 SOUTH ORANGE AVENUE SUITE 200  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR  
Name DEMPS, DENISE  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name SEALY, DOUG  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title CAO  
Name GRIFFITHS, SCOTT C  
Address 5151 ADANSON STREET  
SUITE 103  
City-State-Zip: ORLANDO FL 32804

Title CFO  
Name DAMM, LINDA  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name SEIPLE, SHANNON  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title VC  
Name MORELL, CARLOS  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR  
Name ROSSMAN, NANCY  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title ASSISTANT SECRETARY, CHIEF OF  
STAFF  
Name SUEHLE, CHRISTINE  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804

Title TREASURER  
Name NESBITT, RONALD  
Address 5151 ADANSON STREET  
City-State-Zip: ORLANDO FL 32804