

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 769546

Entity Name: CENTER FOR FAMILY HEALTH, INC.

Current Principal Place of Business:

912 E SLIGH
TAMPA, FL 33604-5636

Current Mailing Address:

912 E SLIGH
TAMPA, FL 33604-5636 US

FEI Number: 59-2336990

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRILL, JONATHAN
2508 W. SUNSET DRIVE
TAMPA, FL 33629 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 PD
Name RYDER, KATHY PHD
Address 2727 W. FLETCHER AVE. #14-1
City-State-Zip: TAMPA FL 33618

Title SD
Name DAVIS, KIM AMS
Address 3311 LAWN AVENUE
City-State-Zip: TAMPA FL 33611

Title TD
Name BRILL, JONATHAN
Address 2508 W. SUNSET DRIVE
City-State-Zip: TAMPA FL 33629

Title VPD
Name KEITH, MARY PHD
Address 2106 E. ANNIE ST.
City-State-Zip: TAMPA FL 33612

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: JONATHAN BRILL

BOARD TREASURER

02/21/2015

Electronic Signature of Signing Officer/Director Detail

Date