

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000002323

**Entity Name:** ASPIRE HEALTH PARTNERS PROPERTIES, INC.

**FILED**  
**Feb 05, 2020**  
**Secretary of State**  
**0466851646CC**

**Current Principal Place of Business:**

5151 ADANSON STREET  
SUITE 200  
ORLANDO, FL 32804

**Current Mailing Address:**

5151 ADANSON STREET  
SUITE 200  
ORLANDO, FL 32804 US

**FEI Number: 59-3760157**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

ROBB, PAMELA M ESQ.  
214 NORTH 3RD STREET, SUITE B  
LEESBURG, FL 34748 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: PAMELA ROBB**

**02/05/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT, CEO	Title	TREASURER/SECRETARY
Name	HANKEY, BABETTE	Name	GRIFFITHS, SCOTT
Address	5151 ADANSON STREET SUITE 200	Address	5151 ADANSON STREET SUITE 200
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR	Title	DIRECTOR
Name	BRYAN, PAUL	Name	MORRELL, CARLOS
Address	5151 ADANSON STREET SUITE 200	Address	5151 ADANSON STREET SUITE 200
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR	Title	DIRECTOR
Name	VOSS, JEFF	Name	MCCULLION, CHRIS
Address	5151 ADANSON STREET SUITE 200	Address	5151 ADANSON STREET SUITE 200
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804
Title	DIRECTOR	Title	CFO
Name	SUEHLE, CHRISTINE	Name	MASZAK, EDWARD
Address	5151 ADANSON STREET SUITE 200	Address	5151 ADANSON STREET
City-State-Zip:	ORLANDO FL 32804	City-State-Zip:	ORLANDO FL 32804

*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**

**TREASURER/SECRETARY 02/05/2020**

Electronic Signature of Signing Officer/Director Detail

Date