

2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N01000002323

Entity Name: ASPIRE HEALTH PARTNERS PROPERTIES, INC.

FILED
Oct 16, 2020
Secretary of State
7931178626CC

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

10/16/2020

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, JEFFERSON	Name	SUEHLE, CHRISTINE
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	COO		
Name	DAMM, LINDA		
Address	5151 ADANSON STREET		
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

CAO

10/16/2020

Electronic Signature of Signing Officer/Director Detail

Date