

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0100002323

Entity Name: ASPIRE HEALTH PARTNERS PROPERTIES, INC.

FILED
Jan 19, 2023
Secretary of State
6771011224CC

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.
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: PAMELA ROBB

01/19/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, CEO
Name HANKEY, BABETTE
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title CHAIRPERSON
Name GRIFFITHS, SCOTT
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name BRYAN, PAUL
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title TREASURER/SECRETARY
Name MORRELL, CARLOS
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name VOSS, JEFFERSON
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name SUEHLE, CHRISTINE
Address 5151 ADANSON STREET
 SUITE 200
City-State-Zip: ORLANDO FL 32804

Title CFO
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

CHAIRPERSON

01/19/2023

Electronic Signature of Signing Officer/Director Detail

Date