2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000002323

Entity Name: ASPIRE HEALTH PARTNERS PROPERTIES, INC.

FILED Feb 27, 2017 Secretary of State CC7792752997

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: No

Name and Address of Current Registered Agent:

ROBB, PAMELA M ESQ. 1311 WINTER GARDEN-VINELAND ROAD WINTER GARDEN, FL 34787 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 02/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

City-State-Zip:

Title PRESIDENT, CEO Title CFO

Name JACOBS, RICHARD Name CAPONI, CARLA

Address 5151 ADANSON STREET Address 5151 ADANSON STREET

SUITE 200 SUITE 200

ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN Title TREASURER

Name BRYAN, PAUL Name MORRELL, CARLOS

Address 5151 ADANSON STREET Address 5151 ADANSON STREET

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title SECRETARY Title DIRECTOR

Name FLORIO, KAREN Name HEFFERNAN, DAVE

Address 5151 ADANSON STREET Address 5151 ADANSON STREET

SUITE 200 SUITE 200

City-State-Zip: ORLANDO FL 32804 City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name VOSS, JEFF

Address 5151 ADANSON STREET

SUITE 200

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: RICHARD JACOBS PRESIDENT, CEO 02/27/2017

Electronic Signature of Signing Officer/Director Detail

Date