

**2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N01000002323

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

**FILED**  
**Jul 26, 2019**  
**Secretary of State**  
**2666032398CC**

**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.  
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**

**07/26/2019**

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

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

Title            DIRECTOR  
Name            CHRIS, MCCULLION  
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

*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 07/26/2019**

Electronic Signature of Signing Officer/Director Detail

Date