

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005018

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

FILED
Feb 11, 2016
Secretary of State
CC7571997674

Current Principal Place of Business:

2960 59TH STREET SOUTH
#511
GULFPORT, FL 33707

Current Mailing Address:

PO BOX 530606
ST PETERSBURG, FL 33747 US

FEI Number: 04-3701604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THURSTON, MARIA A
2960 59TH STREET SOUTH
511
GULFPORT, FL 33707 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: MARIA A THURSTON

02/11/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name THURSTON, MARIA A
Address 2960 59TH STREET SOUTH
 511
City-State-Zip: GULFPORT FL 33707

Title PRESIDENT
Name BRENNAN, MARTHA
Address 4925 38T WAY SOUTH # 7A
City-State-Zip: ST PETERSBUURG FL 33711

Title FUND ADMINISTRATOR
Name PLOTNICK, PHYLLIS
Address 3038 DUPONT STREET SOUTH
City-State-Zip: GULFPORT FL 33707

Title SECRETARY
Name VITELLI, CAROL
Address 6020 SHORE BLVD
 705
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name KLASSON, CAILEY
Address 2531 56TH STREET SOUTH
 # 3
City-State-Zip: GULFPORT FL 33707

Title DIRECTOR
Name DELL, DIANA L
Address 5126 31ST AVENUE SOUTH
City-State-Zip: GULFPORT FL 33747

Title DIRECTOR
Name LYNDEL, KAREN
Address 119 30TH AVE NORTH
City-State-Zip: ST PETERSBURG FL 33704

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: MARIA A THURSTON

TREASURER

02/11/2016

Electronic Signature of Signing Officer/Director Detail

Date