

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010388

Entity Name: CENTRAL FLORIDA HEALTH, INC.

Current Principal Place of Business:

410 CHILDS ST
LEESBURG, FL 34748

Current Mailing Address:

410 CHILDS ST
LEESBURG, FL 34748 US

FEI Number: 33-1197054

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BRAUN, PHILIP J
715 W OAK TERR DR
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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title DIRECTOR
Name NELSON, DAVID R. M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JIMENEZ, EDWARD M.B.A.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name TYNDALL, JOSEPH ADRIAN M.D.,
M.P.H.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name KUNTZ, THOMAS G.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name FUCHS, W. KENT PH.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name GIBBS, C. PARKER JR., M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JOHNSON, JULIE A. PHARM.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name SU, LI-MING M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Continues on page 2

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: PHIL BRAUN

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01/04/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name UPCHURCH, GILBERT R. JR., M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name PATTERSON, JOHN ESQ.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name BEEBE, E. HUNTER
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title CFO/ASSISTANT SECRETARY
Name HARDEN, DIANE
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title ASST. SECRETARY
Name BRAUN, PHIL
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name WEST, ALAN
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name CHAPMAN, TRACY DUDA ESQ.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name ROBERTS, CAROLYN K.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name POWERS, MARSHA D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title SECRETARY
Name JENKINS, RANDALL
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JASMUND, DAVID
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name LEWIS, GREG
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748