

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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 SU, LI-MING M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name UPCHURCH, GILBERT R. JR., M.D.
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 BRAUN, PHILIP J.
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

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

Title ASST. SECRETARY
Name COLEMAN, KEVIN ESQ.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

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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: PHILIP BRAUN

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04/08/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name MCDOWELL, LAWRENCE ESQ.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

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

Title DIRECTOR
Name BROADIE II, PAUL PH.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name MOREY, TIMOTHY E. M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

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

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

Title CEO
Name LONG, HEATHER B.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name LICHT, JONATHAN, M.D.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name HUDSON, LINDA PARKER
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title CFO, TREASURER
Name THORNTON, ROBERT
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name JANTZ, TAYLOR B.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR
Name HUNT, M.D., JENNIFER L.
Address 410 CHILDS ST
City-State-Zip: LEESBURG FL 34748