

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

DOCUMENT# N07000010388

**Entity Name:** CENTRAL FLORIDA HEALTH, INC.

**Current Principal Place of Business:**

600 EAST DIXIE AVE  
LEESBURG, FL 34748

**Current Mailing Address:**

600 EAST DIXIE AVE  
LEESBURG, FL 34748 US

**FEI Number:** 33-1197054

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRAUN, PHILIP J  
715 WEST OAK TERRACE 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 PCEO  
Name HENDERSON, DONALD G  
Address 600 EAST DIXIE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title TREASURER  
Name LEWIS, GREGORY R  
Address 600 EAST DIXIE AVE  
City-State-Zip: LEESBURG FL 34748

Title C, CHAIRMAN  
Name BEYERS, ROGER A  
Address 600 EAST DIXIE AVE  
City-State-Zip: LEESBURG FL 34748

Title VC  
Name BLAISE, LINDSEY  
Address 600 EAST DIXIE AVE  
City-State-Zip: LEESBURG FL 34748

Title AS/D  
Name HARDEN, DIANE  
Address 600 EAST DIXIE AVENUE  
City-State-Zip: LEESBURG FL 34748

Title SECRETARY  
Name KAINZ, GEORGE  
Address 600 EAST DIXIE AVE  
City-State-Zip: LEESBURG FL 34748

*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:** DONALD HENDERSON

PCEO

08/05/2019

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date