

**2024 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 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 TREASURER  
Name KELLY, JAMES J.  
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

**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:** PHILIP BRAUN

RA

04/01/2024

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASST. SECRETARY  
Name COLEMAN, KEVIN ESQ.  
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  
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

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