

**2020 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

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**4171989089CC**

*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**

**RA**

**06/29/2020**

\_\_\_\_\_  
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 CEO  
Name HENDERSON, DONALD G.  
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

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 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