

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000672

Entity Name: GRACE MEDICAL HOME, INC.

Current Principal Place of Business:

51 PENNSYLVANIA STREET
ORLANDO, FL 32806

Current Mailing Address:

51 PENNSYLVANIA STREET
ORLANDO, FL 32806

FEI Number: 26-1817966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRIS, STEPHANIE N CEO
51 PENNSYLVANIA STREET
ORLANDO, FL 32806 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: STEPHANIE N GARRIS

02/11/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VC
Name STARCHER, DOUG
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title TRUSTEE
Name HARDY, MARVIN
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, TRUSTEE
Name KING, MARILYN
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name HORTON, LEIGH ANN
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, TRUSTEE
Name MORGAN, DIANNA
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name AITCHESON, MICHAEL
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name MCMAHON, DOUG
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name DODDS, SHERYL
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

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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: MARVIN HARDY

TRUSTEE

02/11/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHAIRMAN
Name SCHULTZ, LISA
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title IMMEDIATE PAST CHAIR
Name WOOD, CYNTHIA
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, TREASURER
Name HOSTETTER, BLAKE
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name MCKINNEY, NICK
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name WILLIAMS, FALECIA ED. D.
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, SECRETARY
Name STEWART, CHRISTINE
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name VESCOVACCI, RICKY
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name KELLY, ASHLEY ANRP
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name NAPIER, MICHELE TYNES
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR, TRUSTEE
Name CARPENTER, RITSY
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806