

2015 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 ED
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

03/24/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

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

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

Title DIRECTOR
Name CARTER, KRISTEN DR.
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

Title DIRECTOR
Name ANDREWS, WILLIAM
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

PRESIDENT

03/24/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

Title DIRECTOR
Name PARADIS, BRIAN
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 NIELSEN-SWANSON, VERBELEE
Address 51 PENNSYLVANIA STREET
City-State-Zip: ORLANDO FL 32806

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

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