

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000672

Entity Name: GRACE MEDICAL HOME, INC.

Current Principal Place of Business:

1417 E. CONCORD STREET
ORLANDO, FL 32803

Current Mailing Address:

1417 E. CONCORD STREET
ORLANDO, FL 32803 US

FEI Number: 26-1817966

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARRIS, STEPHANIE N CEO
1417 E. CONCORD STREET
ORLANDO, FL 32803 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

02/17/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name STARCHER, DOUG
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title TRUSTEE
Name HARDY, MARVIN
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, TRUSTEE
Name KING, MARILYN
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, TRUSTEE
Name MORGAN, DIANNA
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title SECRETARY
Name AITCHESON, MICHAEL
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name MOORHEAD, SHERYL
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title IMMEDIATE PAST
CHAIR/GOVERNANCE CHAIR
Name SCHULTZ, LISA
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title VC
Name STEWART, CHRISTINE
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

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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

02/17/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name VESCOVACCI, RICKY
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name KELLY, ASHLEY ANRP
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name NAPIER, MICHELE TYNES
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name GOODMAN, BETHANY APRN
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SCHECK, PAUL
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, TREASURER
Name HOSTETTER, BLAKE
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title MEMBER AT LARGE
Name MCKINNEY, NICK
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR, TRUSTEE
Name CARPENTER, RITSY
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name HAGEDORN, W BRYCE PHD
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803

Title DIRECTOR
Name SWEENEY, YVONNE
Address 1417 E. CONCORD STREET
City-State-Zip: ORLANDO FL 32803