

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000009999

**FILED**  
**Feb 19, 2018**  
**Secretary of State**  
**CC6291131905**

**Entity Name:** ST.LUCIE COUNTY HEALTH ACCESS NETWORK, INC.

**Current Principal Place of Business:**

3855 S US HIGHWAY 1, SUITE B  
FORT PIERCE, FL 34982

**Current Mailing Address:**

3855 S US HIGHWAY 1, SUITE B  
FORT PIERCE, FL 34982

**FEI Number: 26-3945016**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

PASSERI, ANDREW DR.  
3055 S. US HIGHWAY 1, SUITE B  
FORT PIERCE, FL 34982 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: DR. ANDREW PASSERI**

**02/19/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FLORES, GERARD QMD  
Address 1801 S 23RD ST #2  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name ALLEY, PATRICIA  
Address 10625 PINE CONE LANE  
City-State-Zip: FORT PIERCE FL 34945

Title DIRECTOR  
Name HENSLEY, KATHRYN  
Address 3855 S US HIGHWAY 1, SUITE B  
City-State-Zip: FORT PIERCE FL 34982

Title TREASURER  
Name BROWN, MICHAEL SR.  
Address 3117 S. INDIAN RIVER DRIVE  
City-State-Zip: FORT PIERCE FL 34982

Title EXECUTIVE DIRECTOR  
Name PASSERI, ANDREW DR  
Address 3855 S US HIGHWAY 1, SUITE B  
City-State-Zip: FORT PIERCE FL 34982

Title CHAIRMAN  
Name SANZ, CHRISTOPHER  
Address 6145 NW HELMSDALE WAY  
City-State-Zip: PORT ST. LUCIE FL 34983

Title DIRECTOR  
Name WEBB, HORACE  
Address 3855 S US HIGHWAY 1, SUITE B  
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR  
Name LEWIS, PAULA  
Address 3855 S US HIGHWAY 1, SUITE B  
City-State-Zip: FORT PIERCE FL 34982

*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: ANDREW PASSERI**

**EXECUTIVE DIRECTOR**

**02/19/2018**

Electronic Signature of Signing Officer/Director Detail

Date