

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009999

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:

HATCH, LISA
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: LISA HATCH

04/02/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

Title DIRECTOR
Name BABER, DOUGLAS G
Address 5863 NW POE COURT
City-State-Zip: PORT ST. LUCIE FL 34986

Title DIRECTOR
Name MELVILLE, HAL
Address 2302 GRAND OAK AVENUE
City-State-Zip: FORT PIERCE FL 34981

Title DIRECTOR
Name KINNEY, JOHN H MD
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: LISA HATCH

EXECUTIVE DIRECTOR

04/02/2021

Electronic Signature of Signing Officer/Director Detail

Date