

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009999

FILED
Feb 09, 2016
Secretary of State
CC9803568450

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

02/09/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name MALINOWSKI, STACY
Address P. O. BOX 3612
City-State-Zip: FORT PIERCE FL 34948

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

Title DIRECTOR
Name ADAMS, CRIS
Address 4800 S. U.S. HIGHWAY 1
City-State-Zip: FORT PIERCE, FL FL 34982

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

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

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

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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: ANDREW PASSERI

EXECUTIVE DIRECTOR

02/09/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DOLAN, KERRI
Address 1000 VIRGINIA AVENUE
City-State-Zip: FORT PIERCE FL 34982