

**2022 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

03/19/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name FLORES, DR GERARD Q MD  
Address 1401 SE GOLDTREE DRIVE  
SUITE 102  
City-State-Zip: PORT ST LUCIE FL 34952

Title DIRECTOR  
Name HENSLEY, KATHRYN  
Address 7000 NW SELVITZ RD  
City-State-Zip: PORT ST LUCIE FL 34983

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

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

Title DIRECTOR  
Name KINNEY, DR JOHN H MD  
Address 6819 THOREAU TERRACE  
City-State-Zip: PORT ST LUCIE FL 34952

Title SECRETARY  
Name JOHNSON, CURTIS  
Address 1501 N 21ST ST  
City-State-Zip: FORT PIERCE FL 34950

Title DIRECTOR  
Name HARRIS, NANCY  
Address 5406 RAINTREE TRAIL  
City-State-Zip: FORT PIERCE FL 34982

Title DIRECTOR  
Name PICKETT, DAVID  
Address 3855 SOUTH FEDERAL HWY  
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:** KRISTINA BECKER

BOOKKEEPER

03/19/2022

Electronic Signature of Signing Officer/Director Detail

Date