# 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 | | Title | DIRECTOR |
| Name | FLORES, GERARD Q MD | | Name | HENSLEY, KATHRYN |
| Address | 1801 S 23RD ST #2 | | Address | 3855 S US HIGHWAY 1, SUITE B |
| City-State-Zip: | FORT PIERCE  FL  34950 | | City-State-Zip: | FORT PIERCE  FL  34982 |
| Title | TREASURER | | Title | DIRECTOR |
| Name | BROWN, MICHAEL  SR. | | Name | LEWIS, PAULA |
| Address | 3117 S. INDIAN RIVER DRIVE | | Address | 3855 S US HIGHWAY 1, SUITE B |
| City-State-Zip: | FORT PIERCE  FL  34982 | | City-State-Zip: | FORT PIERCE  FL  34982 |
| Title | DIRECTOR | | Title | DIRECTOR |
| Name | BABER, DOUGLAS G | | Name | MELVILLE, HAL |
| Address | 5863 NW POE COURT | | Address | 2302 GRAND OAK AVENUE |
| City-State-Zip: | PORT ST. LUCIE  FL  34986 | | 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