2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2020
Secretary of State
3352559201CC

DOCUMENT# N09000010963

Entity Name: CENTRAL FLORIDA PEDIATRIC THERAPY FOUNDATION, INC.

Current Principal Place of Business:

2400 S HIGHWAY 27
SUITE B201
CLERMONT, FL 34711

Current Mailing Address:

PO BOX 120547
CLERMONT, FL 34712

FEI Number: 27-1429422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOMES, AMY J
2400 S HIGHWAY 27
SUITE B201
CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT OF THE BOARD	Title	SECRETARY OF THE BOARD
Name	GOMES, AMY J	Name	FRENCH, KELLY
Address	2400 S HIGHWAY SUITE B201	Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	TREASURER OF THE BOARD	Title	ADVISOR TO THE BOARD
Name	MARKLAND, MICHAEL	Name	SHORT, KACIE
Address	2400 S HIGHWAY 27 SUITE B201	Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	VICE PRESIDENT OF THE BOARD	Title	BOARD MEMBER
Name	SAUNDERS, SUSAN	Name	STANLEY-BROWN, ODETTE
Address	2400 S HIGHWAY 27 SUITE B201	Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711
Title	BOARD MEMBER	Title	BOARD MEMBER
Name	CALLOWAY, KRISTY	Name	HAASE, BRUCE
Address	2400 S HIGHWAY 27 SUITE B201	Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711	City-State-Zip:	CLERMONT FL 34711

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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: AMY J GOMES PRES OF BOARD 01/20/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ADVISOR TO THE BOARD
Name	PHARES, RENEE
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	SCHMITT, SHANNON
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	STEPHENS, TRACY
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	KLOSTERMAN, SARAH
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	MOODY, JAMES
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	PETTY, BETH
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	SMITH, MARLA
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711

Title	BOARD MEMBER
Name	NETHERO, AMANDA
Address	2400 S HIGHWAY 27 SUITE B201
City-State-Zip:	CLERMONT FL 34711