**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 06, 2019**
**Secretary of State**
**5803543922CC**

DOCUMENT# N10000010377

**Entity Name:** FLORIDA PACE PROVIDERS ASSOCIATION, INC.

**Current Principal Place of Business:**

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

**Current Mailing Address:**

9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908

**FEI Number: 27-4125501**

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

GRIFFIN, J. ROBERT
9470 HEALTHPARK CIRCLE
FORT MYERS, FL 33908 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: J. ROBERT GRIFFIN 03/06/2019

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | |
|---|---|
| Title | DIRECTOR, PRESIDENT |
| Name | BECKWITH, SAMIRA K. |
| Address | 9470 HEALTHPARK CIRCLE |
| City-State-Zip: | FORT MYERS FL 33908 |

| | |
|---|---|
| Title | DIRECTOR, TREASURER |
| Name | HUDSON, MATTHEW |
| Address | 9470 HEALTHPARK CIRCLE |
| City-State-Zip: | FORT MYERS FL 33908 |

| | |
|---|---|
| Title | DIRECTOR, SECRETARY |
| Name | KAMINSKY, JENNIFER |
| Address | 5771 ROOSEVELT BLVD BLDG 610 |
| City-State-Zip: | CLEARWATER FL 33760 |

| | |
|---|---|
| Title | DIRECTOR, VP |
| Name | SADOWSKY, ALAN |
| Address | 4847 FRED GLADSTONE DR |
| City-State-Zip: | WEST PALM BEACH FL 33417 |

*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: SAMIRA BECKWITH PRESIDENT 03/06/2019

Electronic Signature of Signing Officer/Director Detail — Date