

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N13000005605

**Entity Name:** ACCORDO HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

357 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 32779

**Current Mailing Address:**

357 WEKIVA SPRINGS ROAD  
LONGWOOD, FL 32779 US

**FEI Number:** 46-2416568

**Certificate of Status Desired:** No

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

MURPHY & BERGLUND, PLLC  
1101 DOUGLAS AVENUE  
SUITE B  
ALTAMONTE SPRINGS, FL 32714 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 P  
Name CANNIZZARO, JOSEPH A  
Address 357 WEKIVA SPRINGS ROAD  
City-State-Zip: LONGWOOD FL 32779

Title VP  
Name WAINMAN, SANDRA  
Address 357 WEKIVA SPRINGS ROAD  
City-State-Zip: LONGWOOD FL 32779

Title D  
Name THETFORD, SHARON  
Address 357 WEKIVA SPRINGS ROAD  
City-State-Zip: LONGWOOD FL 32779

Title D  
Name SANCHEZ, ALEX  
Address 357 WEKIVA SPRINGS ROAD  
City-State-Zip: LONGWOOD FL 32779

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:** JOSEPH A. CANNIZZARO

**PRESIDENT**

**05/22/2014**

Electronic Signature of Signing Officer/Director Detail

Date