

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15775

Entity Name: EVERGLADES AREA HEALTH EDUCATION CENTER, INC.**Current Principal Place of Business:**5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407**Current Mailing Address:**5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407**FEI Number:** 59-2740588**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PETERS, JOSEPH
5725 CORPORATE WAY
STE 102
W. PALM BEACH, FL 33407 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	TD
Name	GERVASI, MICHAEL
Address	4450 S. TIFFANY DRIVE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	D
Name	STEPHENSON, ANDREA
Address	600 SANDTREE DR. #101
City-State-Zip:	PALM BEACH GARDENS FL 33403

Title	D
Name	ROBINSON-PICKETT, CATHY
Address	912 LEE AVENUE
City-State-Zip:	LEHIGH ACRES FL 33972

Title	PD
Name	DELUCCA, MICHAEL
Address	200 OAKWOOD LANE SUITE 100
City-State-Zip:	HOLLYWOOD FL 33020

Title	VP
Name	GEAKE, ELLEN
Address	1047 CALOOSAHATCHEE DRIVE
City-State-Zip:	MOORE HAVEN FL 33471

Title	D
Name	LEWIS, WILHELMINA DR.
Address	5827 CORPORATE WAY
City-State-Zip:	WEST PALM BEACH FL 33407

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: MICHAEL DELUCCA

PD

05/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date