

2013 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 D
Name GERVASI, MICHAEL
Address 4450 S. TIFFANY DRIVE
City-State-Zip: WEST PALM BEACH FL 33407

Title PD
Name BROWN, EDWIN
Address 2612 S.W. 98TH DRIVE
City-State-Zip: GAINESVILLE FL 32608

Title VD
Name GEAKE, JOHN
Address 8230 CALOOSA HATCHEE S.W.
City-State-Zip: MOORE HAVEN FL 33471

Title D
Name ELIZABETH, CAYSON
Address 1500 NW AVE L
City-State-Zip: BELLE GLADE FL 33430

Title D
Name DOBBINS, PATRICIA
Address 1100 S. OLYMPIA
City-State-Zip: CLEWISTON FL 33440

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: EDWIN BROWN

PD

03/22/2013

Electronic Signature of Signing Officer/Director Detail

Date