2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15775

Entity Name: EVERGLADES AREA HEALTH EDUCATION CENTER, INC.

FILED
May 07, 2015
Secretary of State
CC3724888958

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 Title PD

NameGERVASI, MICHAELNameDELUCCA, MICHAELAddress4450 S. TIFFANY DRIVEAddress200 OAKWOOD LANE

City-State-Zip: WEST PALM BEACH FL 33407

City-State-Zip: HOLLYWOOD FL 33020

Title S Name GEAKE, JOHN

Address 8230 CALOOSAHATCHEE S.W. Name ELIZABETH, CAYSON

Address 1500 NW AVE L

City-State-Zip: MOORE HAVEN FL 33471 City-State-Zip: BELLE GLADE FL 33430

Title VD Title D

Name DOBBINS, PATRICIA Name GEAKE, ELLEN Address 1100 S. OLYMPIA

Address 1047 CALOOSAHATCHEE DRIVE
City-State-Zip: CLEWISTON FL 33440

ity-State-Zip: CLEWISTON FL 33440 City-State-Zip: MOORE HAVEN FL 33471

Title D

Name ROBINSON-PICKETT, CATHY

Address 912 LEE AVENUE

City-State-Zip: LEHIGH ACRES FL 33972

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: ELIZABETH CAYSON SECRETARY