

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000001838

**Entity Name:** PONTE HEALTH FOUNDATION CORPORATION

**Current Principal Place of Business:**

3956 TOWN CENTER BLVD  
609  
ORLANDO, FL 32837

**Current Mailing Address:**

3956 TOWN CENTER BLVD  
609  
ORLANDO, FL 32837 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

PONTE HEALTH GLOBAL CORP  
3956 TOWN CENTER BLVD  
609  
ORLANDO, FL 32837 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 PONTE, TABITHA C  
Address 13826 OSPREY NEST LANE #11  
City-State-Zip: ORLANDO FL 32837

Title VP  
Name BENAVIDES, JORGE A  
Address 13826 OSPREY NEST LANE #11  
City-State-Zip: ORLANDO FL 32837

*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:** TABITHA C PONTE

P

09/17/2020

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date