

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 04, 2020
Secretary of State
3147239047CC

Entity Name: MEETING NEEDS FOR HEALTH INC

Current Principal Place of Business:

1010 N. FLORIDA AVE
TAMPA, FL 33602

Current Mailing Address:

1010 N. FLORIDA AVE
TAMPA, FL 33602 US

FEI Number: 84-3319468

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALCORP SOLUTIONS, LLC
3440 W HOLLYWOOD BLVD. SUITE 415
HOLLYWOOD, FL 33021 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 ST LOUIS, JAMES
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title TRE
Name KULKARN, RAGHU
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title SEC
Name WELLING, AMY
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title DIR
Name ST LOUIS, JAMES
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title DIR
Name KULKARNI, RAGHU
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

Title DIR
Name WELLING, AMY
Address 1010 N. FLORIDA AVE
City-State-Zip: TAMPA FL 33602

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: AMY WELLING

PROJECT MANAGER

05/04/2020

Electronic Signature of Signing Officer/Director Detail

Date