

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003004

Entity Name: TORREYA HEALTH CARE, INC.

Current Principal Place of Business:

6294 NW TORREYA PK RD
BRISTOL, FL 32321

Current Mailing Address:

6294 NW TORREYA PK RD
BRISTOL, FL 32321 US

FEI Number: 86-2640638

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STAN WHITTAKER
6294 NW TORREYA PK RD
BRISTOL, FL 32321 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 DIRECTOR
Name WHITTAKER, STANLEY FRANKLIN
MSN
Address 6924 NW TORREYA PK RD
City-State-Zip: BRISTOL FL 32321

Title CO-DIRECTOR
Name JENKS, KIMBERLY
Address 10963 SOUTHWEST BIG MAC RD
City-State-Zip: CLARKSVILLE FL 32430

Title MEMBER AT LARGE
Name FOWLER, EMILY LAUREN
Address 6294 NW TORREYA PK RD
City-State-Zip: BRISTOL FL 32321

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: STANLEY WHITTAKER

MR

03/20/2022

Electronic Signature of Signing Officer/Director Detail

Date