

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000003004

Entity Name: TORREYA HEALTH CARE, INC.**Current Principal Place of Business:**17316 NE STATE ROAD 65
HOSFORD , FL 32334**Current Mailing Address:**17316 NE STATE ROAD 65
HOSFORD , FL 32334 US**FEI Number: 86-2640638****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WHITTAKER, STANLEY
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: STANLEY WHITTAKER****01/19/2023**

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 TRUSTEE
Name MCCLAIN , KACI
Address 2958 NW MCCLAIN LN
City-State-Zip: ALTHA FL 32421

Title TRUSTEE
Name BROCK , KYNLEA
Address 14138 NW BUMPY HILL RD
City-State-Zip: ALTHA FL 32421

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

Title TRUSTEE
Name ALDAY , JENNIFER
Address 14508 NW JP PEACOCK RD
City-State-Zip: ALTHA FL 32421

Title TRUSTEE
Name LEUSCHMER, GUY
Address 116 PRESERVE COURT
City-State-Zip: TALLAHASSEE FL 32317

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**DIRECTOR****01/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date