

**2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22000010371

**Entity Name:** FLORIDA INSTITUTE FOR HEALTH AND HUMAN PERFORMANCE INC.

**Current Principal Place of Business:**

5235 NICHOLS DR. EAST  
LAKELAND, FL 33812

**Current Mailing Address:**

5235 NICHOLS DR. EAST  
LAKELAND, FL 33812 UN

**FEI Number:** 92-1360160

**Certificate of Status Desired:** Yes

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

STEFAN, KURT FRANKLIN  
5235 NICHOLS DR. EAST  
LAKELAND, FL 33812 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:** KURT F STEFAN

07/02/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name INCE, CARY A  
Address 5235 NICHOLS DR E  
City-State-Zip: LAKELAND 33812--407

Title MD  
Name STEFAN, KURT F  
Address 5235 NICHOLS DR. EAST  
City-State-Zip: LAKELAND FL 33812

Title DIR  
Name MILLER, RONALD H  
Address 1111 HILLCREST DR. NE  
City-State-Zip: WINTER HAVEN FL 33881

Title DIR  
Name CZELUSNIAK, MICHELLE  
Address 515 EAST LEMON ST  
City-State-Zip: BARTOW FL 33830

Title DIRECTOR OF PRIVATE EQUITY  
Name PETERS, JACK L  
Address 15 FRANKLIN STREET, AVONDALE  
ESTATES, GA, USA  
15 FRANKLIN STREET 504  
City-State-Zip: AVONDALE ESTATES GA 30002

Title DIRECTOR OF GRANT WRITING  
Name PETERS, LISA L MRS.  
Address 15 FRANKLIN STREET, AVONDALE  
ESTATES, GA, USA  
15 FRANKLIN STREET 504  
City-State-Zip: AVONDALE ESTATES GA 30002

Title PRESIDENT  
Name HUBANKS, KATHERINE MRS.  
Address 615 SAD CRANE CT  
City-State-Zip: BRADENTON FL 34212

Title COO  
Name WYSCARVER, BRUCE ALAN  
Address 5228 NICHOLS DR. E  
City-State-Zip: LAKELAND FL 33812

*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:** KURT STEFAN

MD

07/02/2024

Electronic Signature of Signing Officer/Director Detail

Date