

**2024 FLORIDA NOT FOR PROFIT CORPORATION 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

06/11/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P
Name	INCE, CARY A
Address	5235 NICHOLS DR E
City-State-Zip:	LAKELAND FL 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	DIRECTOR OF GOV. BIDS
Name	HUBANKS, KATHERINE MRS.
Address	215 CRANE DR
City-State-Zip:	BRADENTON FL

*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 FRANKLIN STEFAN

MD

06/11/2024

Electronic Signature of Signing Officer/Director Detail

Date