

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23672

**Entity Name:** JACKSON HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

1500 NW 12TH AVENUE  
SUITE 1117 EAST  
MIAMI, FL 33136

**Current Mailing Address:**

1500 NW 12TH AVENUE  
SUITE 1117 EAST  
MIAMI, FL 33136 US

**FEI Number:** 65-0077727

**Certificate of Status Desired:** No

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

GATLIN, CHARMAINE  
1500 NW 12TH AVENUE  
SUITE 1117 EAST  
MIAMI, FL 33136 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:** CHARMAINE GATLIN

02/01/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ANA, VEIGAMILTON  
Address 7207 MONACO STREET  
City-State-Zip: CORAL GABLES FL 33143  
  
Title VC  
Name COULSON, DAVID ESQ.  
Address C/O GREENBERG TRAUERIG 333 SE 2  
AVE 44TH FL  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name JOYCE, EDWARD J  
Address 1500 NW 12TH AVENUE  
SUITE 1117 EAST  
City-State-Zip: MIAMI FL 33136  
  
Title CO-PRESIDENT  
Name GATLIN, CHARMAINE  
Address 16893 SW 50TH STREET  
City-State-Zip: MIRAMAR FL 33027

*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:** CHARMAINE GATLIN

CO-PRESIDENT

02/01/2021

Electronic Signature of Signing Officer/Director Detail

Date