

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23672

FILED
Feb 28, 2019
Secretary of State
4421887806CC

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:

TRIBBLE, KEITH R
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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	CHAIRMAN
Name	VIYELLA, CANDIDO
Address	200 SOUTH BISCAYNE BLVD 51 FLOOR
City-State-Zip:	MIAMI FL 33131
Title	VC
Name	COULSON, DAVID ESQ.
Address	C/O GREENBERG TRAUIG 333 SE 2 AVE 44TH FL
City-State-Zip:	MIAMI FL 33131
Title	P & CEO
Name	TRIBBLE, KEITH R
Address	1500 NW 12TH AVENUE SUITE 1117 EAST
City-State-Zip:	MIAMI FL 33136

Title	TREASURER
Name	JOYCE, EDWARD J
Address	1500 NW 12TH AVENUE SUITE 1117 EAST
City-State-Zip:	MIAMI FL 33136
Title	SECRETARY
Name	VEIGAMILTON, ANA
Address	7207 MONACO STREET
City-State-Zip:	CORAL GABLES FL 33143
Title	EVP/COO
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

EVP/COO

02/28/2019

Electronic Signature of Signing Officer/Director Detail

Date