

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23672

Entity Name: JACKSON HEALTH FOUNDATION, INC.

FILED
Feb 10, 2022
Secretary of State
4999753439CC

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: Yes

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

02/10/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name VEIGA MILTON, ANA
Address 7207 MONACO STREET
City-State-Zip: CORAL GABLES FL 33143

Title T
Name EDWARD, JOYCE J.
Address 1500 NW 12TH AVENUE
SUITE 1117 EAST
City-State-Zip: MIAMI FL 33136

Title V
Name COULSON, ESQ, DAVID
Address 333 SE 2 AVENUE, 44TH FLOOR
City-State-Zip: MIAMI FL 33131

Title P
Name CHARMAINE, GATLIN
Address 2855 PADDOCK ROAD
City-State-Zip: WESTON FL 33331

Title S
Name HOLTZ, ANDRIA
Address 28 INDIAN CREEK ISLAND ROAD
City-State-Zip: INDIAN CREEK VILLAGE FL 33154

Title PRESIDENT
Name LLIZO, FLAVIA
Address 1500 NW 12TH AVENUE
SUITE 1117 EAST
City-State-Zip: MIAMI FL 33136

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

PRESIDENT

02/10/2022

Electronic Signature of Signing Officer/Director Detail

Date