

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23672

**FILED**  
**Jan 11, 2017**  
**Secretary of State**  
**CC9477458078**

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

**Current Principal Place of Business:**

1501 NW NORTH RIVER DRIVE FIRST FLOOR  
MIAMI, FL 33125

**Current Mailing Address:**

1501 NW NORTH RIVER DRIVE FIRST FLOOR  
MIAMI, FL 33125 US

**FEI Number:** 65-0077727

**Certificate of Status Desired:** No

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

TRIBBLE, KEITH R  
1501 NW NORTH RIVER DRIVE FIRST FLOOR  
MIAMI, FL 33125 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 C  
Name MOISE, RUDOLPH  
Address 12947 EQUESTRIAN TRL  
City-State-Zip: DAVIE FL 33330

Title T  
Name WEISS, ALLISON BETH  
Address 3535 S MOORINGS WAY  
City-State-Zip: MIAMI FL 33133

Title S  
Name COULSON, DAVID ESQ.  
Address C/O GREENBERG TRAUIG 333 SE 2  
AVE 44TH FL  
City-State-Zip: MIAMI FL 33131

Title VC  
Name VIYELLA, CANDIDO  
Address 200 SOUTH BISCAYNE BLVD  
51 FLOOR  
City-State-Zip: MIAMI FL 33131

Title P & CEO  
Name TRIBBLE, KEITH R  
Address 1501 NW N RIVER DR FIRST FLOOR  
City-State-Zip: MIAMI FL 33125

Title 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

**COO**

**01/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date