### 2022 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N23672

Entity Name: JACKSON HEALTH FOUNDATION, INC.

**FILED** Oct 25, 2022 Secretary of State 1078562032CC

# **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 10/25/2022

Electronic Signature of Registered Agent

Date

#### Officer/Director Detail:

Title **CHAIRMAN** Title **TREASURER** Name COULSON, DAVID A ESQ. Name EDWARD, JOYCE J.

200 S. BISCAYNE BLVD. Address 2701 SOUTH BAYSHORE DRIVE Address

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33131

Title VC Title **PRESIDENT** 

Name CHARMAINE, GATLIN ALLEN, MAT Name 2850 TIGERTAIL AVENUE Address 2855 PADDOCK ROAD Address SUITE 800 City-State-Zip: WESTON FL 33331

MIAMI FL 33133 City-State-Zip:

Title **PRESIDENT** Title **SECRETARY** 

Name LLIZO, FLAVIA Name GROSACK, MATTHEW Address 1500 NW 12TH AVENUE

Address 933 NE 193RD TERRACE SUITE 1117 EAST

City-State-Zip: NORTH MIAMI BEACH FL 33179 MIAMI FL 33136 City-State-Zip:

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.