

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23672

FILED
Feb 03, 2015
Secretary of State
CC3339101955

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 FORTUN, SILVIA RIOS
Address 3780 RIVIERA DRIVE
City-State-Zip: CORAL GABLES FL 33134

Title T
Name HOLTZ, ABEL
Address 1024 KANE COURSE
City-State-Zip: BAY HARBOR ISLAND FL 33154

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 MOISE, DR. RUDOLPH
Address 671 NW 119 STREET
City-State-Zip: MIAMI FL 33168

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

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: KEITH R. TRIBBLE

SR. VP OF OPERATIONS 02/03/2015

Electronic Signature of Signing Officer/Director Detail

Date