

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23672

FILED
Feb 26, 2018
Secretary of State
CC6964641761

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: Yes

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 JOYCE, EDWARD J
Address 1501 NW NORTH RIVER DRIVE FIRST FLOOR
City-State-Zip: MIAMI FL 33125

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

02/26/2018

Electronic Signature of Signing Officer/Director Detail

Date