2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2023
Secretary of State
0533840782CC

DOCUMENT# N43080

Entity Name: HEART OF FLORIDA HEALTH CENTER, INC.

Current Principal Place of Business:

2553 E. SILVER SPRING BLVD.
OCALA, FL 34470

Current Mailing Address:

2553 E. SILVER SPRING BLVD.
OCALA, FL 34470 US

FEI Number: 59-3060378

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CLAY, MATTHEW CEO
2553 E. SILVER SPRING BLVD.
OCALA, FL 34470 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: MATTHEW CLAY 01/27/2023

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRPERSON
Name	KLEIN, RANDY
Address	2553 E. SILVER SPRING BLVD.
City-State-Zip:	OCALA FL 34470

Title	VICE PERSON
Name	WHITE, JOSEPH
Address	2553 E. SILVER SPRING BLVD.
City-State-Zip:	OCALA FL 34470

Title	TREASURER
Name	HANKINSON, SCOTT
Address	2553 E. SILVER SPRING BLVD.
City-State-Zip:	OCALA FL 34470

Title	CEO
Name	CLAY, MATTHEW
Address	2553 E SILVER SPRINGS BLVD
City-State-Zip:	OCALA FL 34470

Title	SECRETARY
Name	CONNOLLEY, JULIE
Address	2553 E. SILVER SPRING BLVD.
City-State-Zip:	OCALA FL 34470

Title	CFO
Name	SCHULTZ, DANA
Address	2553 E SILVER SPRINGS BLVD
City-State-Zip:	OCALA FL 34470

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: MATTHEW CLAY CEO 01/27/2023

Electronic Signature of Signing Officer/Director Detail — Date