2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2021
Secretary of State
0325272869CC

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:

ULMER, JAMIE L
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: JAMIE L. ULMER 02/03/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRMAN
Name	HANKINSON, SCOTT
Address	3400 NE 56TH ST
City-State-Zip:	OCALA FL 34479

Title	TREASURER
Name	WHITE, JOSEPH
Address	4889 SW 7TH AVENUE RD
City-State-Zip:	OCALA FL 34471

Title	SECRETARY
Name	HATTAN-BENNETT, GEORGIA
Address	5240 SW 37TH STREET
City-State-Zip:	OCALA FL 34474

Title	VC
Name	WRIGHT, PHILORON A II
Address	561 SE 42ND ST
City-State-Zip:	OCALA FL 34480

Title	CEO
Name	ULMER, JAMIE L
Address	2553 E. SILVER SPRINGS BLVD
City-State-Zip:	OCALA FL 34470

Title	EXECUTIVE ADMINISTRATIVE ASSISTANT
Name	LARA, SARAHI MRS
Address	2553 E. SILVER SPRING 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: SARAHI LARA EXECUTIVE ADMINISTRATIVE ASSISTANT 02/03/2021

Electronic Signature of Signing Officer/Director Detail — Date