

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43080

Entity Name: HEART OF FLORIDA HEALTH CENTER, INC.**Current Principal Place of Business:**1025 SW 1ST AVENUE
OCALA, FL 34471**Current Mailing Address:**203 E. SILVER SPRINGS BLVD
101
OCALA, FL 34470 US**FEI Number:** 59-3060378**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ULMER, JAMIE L
203 E. SILVER SPRINGS BLVD
101
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

01/23/2020

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

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

Title	CEO
Name	ULMER, JAMIE L
Address	203 E. SILVER SPRINGS BLVD 101
City-State-Zip:	OCALA FL 34470

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

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: JAMIE L. ULMER

CEO

01/23/2020

Electronic Signature of Signing Officer/Director Detail

Date