

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

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: No

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

11/30/2023

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 BUSS, THOMAS
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: DANA SCHULTZ

CFO

11/30/2023

Electronic Signature of Signing Officer/Director Detail

Date