

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107066

Entity Name: FLORIDA TRUE HEALTH, INC.**Current Principal Place of Business:**11631 KEW GARDENS AVE.
STE 200
PALM BEACH GARDENS, FL 33410**Current Mailing Address:**11631 KEW GARDENS AVE.
STE 200
PALM BEACH GARDENS, FL 33410 US**FEI Number:** 45-4088232**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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	PRESIDENT
Name	CHENETTE, DWIGHT D.
Address	11631 KEW GARDENS AVE. STE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	SECRETARY
Name	TOOTLE, ROBERT E.
Address	11631 KEW GARDENS AVE. STE 200
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	TREASURER/DIRECTOR
Name	BOHNER, STEVEN H.
Address	200 STEVENS DRIVE
City-State-Zip:	PHILADELPHIA PA 19113

Title	DIRECTOR
Name	JAKUC, PETER A.
Address	200 STEVENS DRIVE
City-State-Zip:	PHILADELPHIA PA 19113

Title	DIRECTOR
Name	JERNIGAN, J. MICHAEL
Address	4390 BELLE OAKS DRIVE SUITE 400
City-State-Zip:	NORTH CHARLESTON SC 29405

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT E. TOOTLE

SECRETARY

01/29/2019

Electronic Signature of Signing Officer/Director Detail_____
Date