

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000107066

Entity Name: FLORIDA TRUE HEALTH, INC.

Current Principal Place of Business:

11601 KEW GARDENS AVENUE, SUITE 200
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

200 STEVENS DRIVE
PHILADELPHIA, PA 19113 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 DIRECTOR
Name DAVITA, CHARLES
Address 4800 DEERWOOD CAMPUS PKWY,
 DC9-1
City-State-Zip: JACKSONVILLE FL 32246-8273

Title DIRECTOR
Name RITTENOUR, DEBRA A
Address 4800 DEERWOOD CAMPUS PKWY,
 DC9-1
City-State-Zip: JACKSONVILLE FL 32246-8273

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

Title PRESIDENT
Name CHENETTE, DWIGHT D
Address 770 NORTHPOINT PKWY, SUITE 200
City-State-Zip: WEST PALM BEACH FL 33407

Title SECRETARY
Name GILMAN, ROBERT H
Address 200 STEVENS DR.
City-State-Zip: PHILADELPHIA PA 19113

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

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 H. GILMAN

SECRETARY

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date