

2020 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 SECRETARY
Name TOOTLE, ROBERT E.
Address 11631 KEW GARDENS AVE.
STE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

Title CFO/VICE PRESIDENT
Name PORRINI, LORI
Address 11631 KEW GARDENS AVE.
STE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

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

Title DIRECTOR/TREASURER
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 PRESIDENT
Name CHENETTE, DWIGHT D.
Address 11631 KEW GARDENS AVE.
STE 200
City-State-Zip: PALM BEACH GARDENS FL 33410

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

04/22/2020

Electronic Signature of Signing Officer/Director Detail

Date