

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726870

Entity Name: CENTRAL FLORIDA HEALTH CARE, INC.**Current Principal Place of Business:**47 5TH STREET NW
WINTER HAVEN, FL 33881**Current Mailing Address:**47 5TH STREET, NW
WINTER HAVEN, FL 33881 US**FEI Number:** 59-1404594**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**CLAUSSEN, ANN CEO
47 5TH STREET,NW
WINTER HAVEN, FL 33881 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:** ANN CLAUSSEN

01/24/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title C
Name DUKE, DAVID CHAIR
Address 47 5TH STREET
City-State-Zip: WINTER HAVEN FL 33881

Title TREASURER
Name MOORE, LES L
Address 950 CR 17A WEST
City-State-Zip: AVON PARK FL 33825

Title CEO
Name CLAUSSEN, ANN
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title CHIEF HUMAN RESOURCE
DIRECTOR
Name KENNEY, PHILIP
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title CHIEF CLINICAL OFFICER
Name HAM-YING, J MICHAEL
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title CHIEF QUALITY OFFICER/RISK
MANAGER
Name TURNER, BARBARA
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title CHEIF OPERATIONS OFFICER
Name BEST, LAWRENCE
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title ASSISTANT CHIEF CLINICAL OFFICER
Name HEIN, ANDREW
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

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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: LAWRENCE BEST

COO

01/24/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC
Name EMANUEL, NICK VICE-CHAIR
Address 47 5TH STREET, NW
City-State-Zip: WINTER HAVEN FL 33881

Title S
Name EVERS, JOYCE SECRETARY
Address 47 5TH STREET,NW
City-State-Zip: WINTER HAVEN FL 33881