

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737111

**FILED**  
**Feb 20, 2015**  
**Secretary of State**  
**CC3874746565**

**Entity Name:** SSJ HEALTH FOUNDATION, INC.

**Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE  
SUUITE 103  
MIAMI, FL 33133

**Current Mailing Address:**

3661 SOUTH MIAMI AVENUE  
SUUITE 103  
MIAMI, FL 33133

**FEI Number:** 59-1709438

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FISHMAN, LEWIS  
9400 SOUTH DADELAND BLVD  
SUITE 300  
MIAMI, FL 33156 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 SD  
Name PUENTES-LEON, ANGELA  
Address 3661 SOUTH MIAMI AVE STE 103  
City-State-Zip: MIAMI FL 33133

Title CD  
Name URIBE, JORGE  
Address 3661 SOUTH MAIMI AVE STE 103  
City-State-Zip: MIAMI FL 33133

Title D  
Name WORLEY, ELIZABETH ANN  
Address 3661 SOUTH MIAMI AVE STE 103  
City-State-Zip: MIAMI FL 33133

Title D  
Name VARONA, JOSE  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

Title TD  
Name GUZMAN, MARILUZ  
Address 3661 SOUTH MIAMI AVENUE  
SUITE 103  
City-State-Zip: MIAMI FL 33133

Title D  
Name FLYNN, STEPHANIE SSJ  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

*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:** JORGE URIBE

**CHAIRMAN**

**02/20/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date