

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 737111

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

**FILED**  
**Jan 18, 2017**  
**Secretary of State**  
**CC8041069213**

**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  
7700 NORTH KENDALL DRIVE  
SUITE 408  
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 CASTELLANOS, ALEXANDER  
Address 3661 SOUTH MIAMI AVENUE  
SUITE 103  
City-State-Zip: MIAMI FL 33133

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

Title DIRECTOR  
Name HARRIS, ANA  
Address 9100 SOUTH DADELAND BLVD.  
1701  
City-State-Zip: MIAMI FL 33156

Title DIRECTOR  
Name SUAREZ, AMANDA  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

**Continues on page 2**

*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

**PRESIDENT**

**01/18/2017**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name LEON, GUSTAVO JR.  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name NUNEZ-MENOCAL, DELIO  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name CARDONA, ALDO  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name HERNANDEZ, ZAYDA  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133

Title DIRECTOR  
Name ANTON , MANUEL P MD  
Address 3661 SOUTH MIAMI AVENUE  
SUUITE 103  
City-State-Zip: MIAMI FL 33133