#### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 737111** 

Entity Name: SSJ HEALTH FOUNDATION, INC.

**FILED** Jan 30, 2020 **Secretary of State** 1653548664CC

# **Current Principal Place of Business:**

3661 SOUTH MIAMI AVENUE

SUITE 103 MIAMI, FL 33133

## **Current Mailing Address:**

3661 SOUTH MIAMI AVENUE

SUITE 103

MIAMI, FL 33133 US

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 DIRECTOR, SECRETARY Title DIRECTOR, CHAIRMAN

Name PUENTES-LEON, ANGELA Name URIBE, JORGE

3661 SOUTH MIAMI AVE STE 103 3661 SOUTH MAIMI AVE STE 103 Address Address

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33133

Title DIRECTOR Title DIRECTOR

Name VARONA, JOSE WORLEY, ELIZABETH ANN Name

Address 3661 SOUTH MIAMI AVENUE 3661 SOUTH MIAMI AVE **STE 103** Address

SUUITE 103 MIAMI FL 33133

City-State-Zip: City-State-Zip: MIAMI FL 33133

Title DIRECTOR, TREASURER Title DIRECTOR Name CASTELLANOS, ALEXANDER Name HARRIS, ANA

Address 3661 SOUTH MIAMI AVENUE Address 9100 SOUTH DADELAND BLVD. **SUITE 103** 

1701

MIAMI FL 33133 City-State-Zip: City-State-Zip: MIAMI FL 33156

Title **DIRECTOR** Title DIRECTOR

SUAREZ, AMANDA Name LEON, GUSTAVO JR. Name

3661 SOUTH MIAMI AVENUE Address Address 3661 SOUTH MIAMI AVENUE SUUITE 103

SUUITE 103

MIAMI FL 33133 City-State-Zip: MIAMI FL 33133 City-State-Zip:

## 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.

01/30/2020 SIGNATURE: JORGE URIBE **CHAIRMAN** 

## Officer/Director Detail Continued:

MIAMI FL 33133

Address

City-State-Zip:

DIRECTOR Title Title DIRECTOR

Name HERNANDEZ, ZAYDA Name NUNEZ-MENOCAL, DELIO

Address 3661 SOUTH MIAMI AVENUE Address 3661 SOUTH MIAMI AVENUE

SUUITE 103 SUUITE 103

MIAMI FL 33133 City-State-Zip: MIAMI FL 33133 City-State-Zip:

DIRECTOR Title DIRECTOR Title

ANTON, MANUEL P MD Name CARDONA, ALDO Name

> 3661 SOUTH MIAMI AVENUE Address 3661 SOUTH MIAMI AVENUE SUUITE 103

> > City-State-Zip:

MIAMI FL 33133

SUUITE 103

Title DIRECTOR Title **DIRECTOR** 

CELA, THELMA Name MANRARA, CARLOS Name

Address 3661 SOUTH MIAMI AVENUE Address 3661 SOUTH MIAMI AVENUE

SUITE 103 SUITE 103

City-State-Zip: MIAMI FL 33133 City-State-Zip: MIAMI FL 33133