

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737111

**FILED
Mar 20, 2019
Secretary of State
6494307213CC**

Entity Name: SSJ HEALTH FOUNDATION, INC.

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
Name PUENTES-LEON, ANGELA
Address 3661 SOUTH MIAMI AVE STE 103
City-State-Zip: MIAMI FL 33133

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

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

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

Title DIRECTOR, TREASURER
Name CASTELLANOS, ALEXANDER
Address 3661 SOUTH MIAMI AVENUE
SUITE 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

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

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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: ANGELA PUENTES-LEON

DIRECTOR, SECRETARY 03/20/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name CELA, THELMA
Address 3661 SOUTH MIAMI AVENUE
SUITE 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 MANRARA, CARLOS
Address 3661 SOUTH MIAMI AVENUE
SUITE 103
City-State-Zip: MIAMI FL 33133