

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL
REPORT**

DOCUMENT# 769011

Entity Name: ASPIRE HEALTH PARTNERS, INC.

Current Principal Place of Business:

5151 ADANSON STREET
ORLANDO, FL 32804

Current Mailing Address:

5151 ADANSON STREET
ORLANDO, FL 32804 US

FEI Number: 59-2301233

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBB, PAMELA M
1311 WINTER GARDEN-VINELAND ROAD
WINTER GARDEN, FL 34787 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
Name HEFFERNAN, DAVID
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title PRESIDENT
Name KASSAB, JERRY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CHAIRMAN
Name BRYAN, PAUL
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name FLORIO, KAREN
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CEO
Name JACOBS, RICHARD
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CFO
Name CAPONI, CARLA
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title TREASURER
Name MORELL, CARLOS
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title GOV COMMITTEE
Name WARD, MICHELLE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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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: RICHARD JACOBS

CEO

07/22/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MEM COMMITTEE
Name ABRAMSON, BARBARA
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name BEACHMAN, KIP
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name CHRISTNER, DAVID
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name ENVALL, AMY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name JOHNSON, FORBES
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CHAIR ELECT
Name VOSS, JEFFERSON
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name STEWART, LARRY
Address 201 SOUTH ORANGE AVENUE SUITE 200
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR
Name ADAMS, PRESTON
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name CAPRAUN, LYNN
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name EHRLICH, GARY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name GOLDSTEIN, JOE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name MCGILL, REGINALD
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name WILENSKY, LIN
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804