

2019 FLORIDA NOT FOR PROFIT CORPORATION 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
214 NORTH THIRD STREET
SUITE B
LEESBURG, FL 34748 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 PAST CHAIR
Name HEFFERNAN, DAVID
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title PRESIDENT, CEO
Name HANKEY, BABETTE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CFO
Name GRIFFITHS, SCOTT
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 TREASURER
Name JOE, GOLDSTEIN
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name GINA, EUBANKS
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

Title MEMBERSHIP AND BOARD
DEVELOPMENT COMMITTEE
Name ABRAMSON, BARBARA
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: BABETTE HANKEY

PRESIDENT/CEO

01/02/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name ADAMS, PRESTON
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 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

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

Title DIRECTOR
Name ZOLINSKI, JIM
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 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 REED, MONICA
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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