

**2024 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: Yes

Name and Address of Current Registered Agent:

CARBONE, EDWARD J
BURNS WHITE - ONE URBAN CENTRE
4830 W. KENNEDY BLVD. SUITE 280
TAMPA, FL 33609 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: EDWARD J CARBONE

08/21/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name VOSS, JEFFERSON
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

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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: SCOTT GRIFFITHS

CAO

08/21/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title CAO
Name GRIFFITHS, SCOTT C
Address 5151 ADANSON STREET
SUITE 103
City-State-Zip: ORLANDO FL 32804

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

Title CHIEF INTEGRATION OFFICER
Name ROBINSON, SHANNON
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

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

Title ASSISTANT SECRETARY, CHIEF OF
STAFF
Name SUEHLE, CHRISTINE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title CHAIRPERSON
Name NESBITT, RONALD
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804