2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2024
Secretary of State
5873513130CC

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
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 01/05/2024

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	VICE CHAIRPERSON
Name	WARD, MICHELLE
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	VOSS, JEFFERSON
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	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	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 01/05/2024

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	TREASURER
Name	STEWART, LARRY
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

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