

2020 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:** Yes**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 PRESIDENT, CEO
Name HANKEY, BABETTE
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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

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

Continues on page 2

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

02/05/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

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

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

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

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