

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769546

**Entity Name:** CENTER FOR FAMILY HEALTH, INC.

**Current Principal Place of Business:**

912 E SLIGH  
TAMPA, FL 33604-5636

**Current Mailing Address:**

912 E SLIGH  
TAMPA, FL 33604-5636 US

**FEI Number:** 59-2336990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BRILL, JONATHAN  
2508 W. SUNSET DRIVE  
TAMPA, FL 33629 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 PD  
Name RYDER, KATHY PHD  
Address 2727 W. FLETCHER AVE. #14-1  
City-State-Zip: TAMPA FL 33618

Title SD  
Name DAVIS, KIM AMS  
Address 3311 LAWN AVENUE  
City-State-Zip: TAMPA FL 33611

Title TD  
Name BRILL, JONATHAN  
Address 2508 W. SUNSET DRIVE  
City-State-Zip: TAMPA FL 33629

Title VPD  
Name KEITH, MARY PHD  
Address 2106 E. ANNIE ST.  
City-State-Zip: TAMPA FL 33612

*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: JONATHAN BRILL**

**BOARD TREASURER**

**01/11/2014**

Electronic Signature of Signing Officer/Director Detail

Date