

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006517

**FILED**  
**Jan 22, 2020**  
**Secretary of State**  
**0979626170CC**

**Entity Name:** FLORIDA PUBLIC HEALTH INSTITUTE, INC.

**Current Principal Place of Business:**

2701 N. AUSTRALIAN AVE.  
SUITE 204  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2701 N. AUSTRALIAN AVE.  
SUITE 204  
WEST PALLM BEACH, FL 33407 US

**FEI Number:** 30-0051514

**Certificate of Status Desired:** No

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

KING, RODERICK MD, MPH  
2701 N. AUSTRALIAN AVE.  
SUITE 204  
WEST PALM BEACH, FL 33407 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:** RODERICK KING, MD, MPH

01/22/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CHAIRMAN  
Name ALONSO, ALINA MD  
Address 800 CLEMATIS STREET  
City-State-Zip: WEST PALM BEACH FL 33401

Title SECRETARY  
Name DENNIS, MD, MICHAEL  
Address 1231 NORTH LAKE WAY  
City-State-Zip: PALM BEACH FL 33480

Title CEO  
Name KING, MD, MPH, RODERICK  
Address 2701 N. AUSTRALIAN AVE.  
SUITE 204  
City-State-Zip: WEST PALM BEACH FL 33407

Title OFFICER  
Name VILLALTA, YESENIA DR.  
Address 8323 NW 12TH STREET  
SUITE 212  
City-State-Zip: MIAMI FL 33126

Title OFFICER  
Name HOWELL, JAMES DR.  
Address 3200 S. UNIVERSITY DRIVE  
City-State-Zip: FORT LAUDERDALE FL 33328

Title OFFICER  
Name GILMORE, KAREN  
Address 9100 NW 36 STREET  
City-State-Zip: MIAMI FL 33178

Title OFFICER  
Name CATALANOTTO, SARAH  
Address 14646 NW 151ST BLVD.  
City-State-Zip: ALACHUA FL 32615

Title OFFICER  
Name MCCOY, CLYDE DR.  
Address 219 NW 12TH AVE  
APT. 612  
City-State-Zip: MIAMI FL 33128

*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:** ALINA ALONSO

**BOARD CHAIR**

01/22/2020

Electronic Signature of Signing Officer/Director Detail

Date