

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 06, 2017
Secretary of State
CC2533297628

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

01/06/2017

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 VC
Name MAGYAR, SANDRA
Address 1605 PEBBLE BEACH BLVD.
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title TREASURER
Name RIVERA, RN, MSM, PHD, LILLIAN
Address 8323 NW 12TH SREET
STE. 212
City-State-Zip: MIAMI FL 33126

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

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

CHAIRMAN

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date