2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2019
Secretary of State
1046472725CC

DOCUMENT# N02000005018

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

Current Principal Place of Business:

6020 SHORE BLVD. SOUTH
705
GULFPORT, FL 33707

Current Mailing Address:

PO BOX 530606
ST PETERSBURG, FL 33747 US

FEI Number: 04-3701604

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VITELLI, CAROL A
6020 SHORE BLVD. SOUTH
705
GULFPORT, FL 33707 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: CAROL VITELLI 02/11/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CHAIRPERSON
Name	VITELLI, CAROL
Address	6020 SHORE BLVD. SOUTH 503
City-State-Zip:	GULFPORT FL 33707

Title	TREASURER
Name	SMITH, EILEEN
Address	6075 SHORE BLVD S 309
City-State-Zip:	GULFPORT FL 33707

Title	DIRECTOR
Name	WELCH , LISA
Address	3925 AMERICAN DR
City-State-Zip:	TAMPA FL 33634

Title	DIRECTOR
Name	BROWN, JEN
Address	600 5TH AVE NORTH UNIT 7
City-State-Zip:	ST PETERSBURG FL 33701

Title	FUND ADMINISTRATOR
Name	TURNER, REBECCA
Address	7321 CANAL BLVD
City-State-Zip:	TAMPA FL 33615

Title	SECRETARY
Name	FAIRBROTHER, CHRISTA
Address	2521 52ND ST S
City-State-Zip:	GULFPORT FL 33707

Title	DIRECTOR
Name	BOTTKE, MANDY
Address	4901 38TH WAY UNIT 313
City-State-Zip:	ST PETERSBURG FL 33711

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: EILEEN SMITH TREASURER 02/11/2019

Electronic Signature of Signing Officer/Director Detail — Date