2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005018

Entity Name: SONIA PLOTNICK HEALTH FUND INC.

FILED Jan 12, 2018 **Secretary of State** CC8606972516

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: Yes

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 01/12/2018

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title CHAIRPERSON Title **FUND ADMINISTRATOR** LYNDEL, KAREN TURNER, REBECCA Name Name 7321 CANAL BLVD 6020 SHORE BLVD. SOUTH Address Address City-State-Zip: TAMPA FL 33615

City-State-Zip: **GULFPORT FL 33707**

Title **SECRETARY** Title **TREASURER**

Name KLASSON, CAILEY

Name VITELLI, CAROL Address 5140 NEWTON AVE. SOUTH

6020 SHORE BLVD SOUTH Address **GULFPORT FL 33707**

City-State-Zip:

City-State-Zip: **GULFPORT FL 33707** Title **DIRECTOR**

ERRETT, BROOKE Title DIRECTOR Name

Name DELL, DIANA L Address 106 5TH ST

City-State-Zip: BELLEAIR BEACH FL 33786 Address 5126 31ST AVENUE SOUTH

City-State-Zip: **GULFPORT FL 33747**

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.

01/12/2018 SIGNATURE: CAROL VITELLI **TREASURER**