

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

02/23/2020

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON
Name VITELLI, CAROL
Address 6020 SHORE BLVD. SOUTH
705
City-State-Zip: GULFPORT FL 33707

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

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

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

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

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

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

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

02/23/2020

Electronic Signature of Signing Officer/Director Detail

Date