

2024 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

01/24/2024

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	JOHNSON, KAREN
Address	3018 59TH STREET SOUTH UNIT 310
City-State-Zip:	GULFPORT FL 33707

Title	TREASURER
Name	TURNER, CHERYL
Address	2944 NOVUS STREET
City-State-Zip:	SARASOTA FL 34237

Title	SECRETARY
Name	STOTTLEMYER, JOANNE
Address	3041 MERRILL AVENUE
City-State-Zip:	CLEARWATER FL 33759

Title	FUND ADMINISTRATOR
Name	TRIPI, AMY
Address	6060 SHORE BLVD. SOUTH APT. #301
City-State-Zip:	GULFPORT FL 33707

Title	DIRECTOR
Name	DISCOLO, MONICA
Address	9960 54TH ST. N
City-State-Zip:	ST. PETERSBURG FL 33782

Title	DIRECTOR
Name	JAYME, REID
Address	7964 2ND AVENUE S.
City-State-Zip:	ST. PETERSBURG FL 33707

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: CHERYL TURNER

TREASURER

01/24/2024

Electronic Signature of Signing Officer/Director Detail

Date