

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000010388

**Entity Name:** CENTRAL FLORIDA HEALTH, INC.**Current Principal Place of Business:**410 CHILDS ST  
LEESBURG, FL 34748**Current Mailing Address:**410 CHILDS ST  
LEESBURG, FL 34748 US**FEI Number:** 33-1197054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAUN, PHILIP J  
715 W OAK TERR DR  
LEESBURG, FL 34748 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, CHAIR  
Name POWERS, MARSHA D.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name LEWIS, GREGORY R.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name MOREY, TIMOTHY E. M.D.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name NEVILLE, TODD D.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title ASST. SECRETARY  
Name BRAUN, PHILIP J.  
Address 715 W OAK TERRACE DRIVE  
City-State-Zip: LEESBURG FL 34748

Title PRESIDENT, CEO  
Name LONG, HEATHER B.  
Address 410 CHILDS ST  
City-State-Zip: LEESBURG FL 34748

Title CFO, TREASURER  
Name THORNTON, ROBERT  
Address 410 CHILDS ST  
City-State-Zip: LEESBURG FL 34748

Title DIRECTOR  
Name HUNT, M.D., JENNIFER L.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

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*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:** PHILIP J BRAUN, R.A.**ASST. SEC., REG. AGENT** 04/04/2025

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR, VC  
Name MOTEW, STEPHEN J.  
Address 1600 SW ARCHER RD  
P.O. BOX 100326  
City-State-Zip: GAINESVILLE FL 32610

Title DIRECTOR  
Name BEEBE, EDMUND H.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name FUCHS, KENT W.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name MANN, DAVID M.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title ASST. SECRETARY  
Name YOUNG, THOMAS W.  
Address 3007 SW WILLISTON RD  
P.O. BOX 1000303  
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR  
Name LEVINE, ALAN M.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR  
Name STILLEY, ROBERT J.  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611

Title DIRECTOR, SECRETARY  
Name FULLER, RYAN  
Address 226 TIGERT HALL  
P.O. BOX 113150  
City-State-Zip: GAINESVILLE FL 32611