

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010388

Entity Name: CENTRAL FLORIDA HEALTH, INC.**Current Principal Place of Business:**600 EAST DIXIE AVE
LEESBURG, FL 34748**Current Mailing Address:**600 EAST DIXIE AVE
LEESBURG, FL 34748 US**FEI Number:** 33-1197054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRAUN, PHILIP J
715 WEST OAK TERRACE 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	PCEO
Name	HENDERSON, DONALD G
Address	600 EAST DIXIE AVENUE
City-State-Zip:	LEESBURG FL 34748

Title	VC
Name	BEYERS, ROGER A
Address	1123 W MAIN STREET
City-State-Zip:	LEESBURG FL 34748

Title	T
Name	BLAISE, LINDSEY
Address	1050 LAKE SUMTER LANDING CITIZENS FIRST BANK
City-State-Zip:	THE VILLAGES FL 32162

Title	C
Name	LEWIS, GREGORY R
Address	PO BOX 1925 UNITED SOUTHERN BANK
City-State-Zip:	EUSTIS FL 32727

Title	S
Name	SPENCER, DIANE B
Address	3098 EASTFIELD PATH
City-State-Zip:	THE VILLAGES FL 32162

Title	AS/D
Name	HARDEN, DIANE
Address	600 EAST DIXIE AVENUE
City-State-Zip:	LEESBURG FL 34748

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: DONALD G. HENDERSON

PCEO

03/14/2018

Electronic Signature of Signing Officer/Director Detail_____
Date