

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000002386

**Entity Name:** THE CENTER FOR INNOVATION IN HEALTH AND HUMAN SERVICES INC.

**Current Principal Place of Business:**

217 WILLOW  
ANNA MARIA, FL 34216-0626

**Current Mailing Address:**

217 WILLOW  
P.O. BOX 626  
ANNA MARIA, FL 34216-0626 US

**FEI Number: 27-2681142**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SOLOMON, NATHAN E  
217 WILLOW  
ANNA MARIA, FL 34216-0626 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 CEO  
Name YOUNGS, DAVID A  
Address 217 WILLOW  
City-State-Zip: ANNA MARIA FL 34216-0626

Title CFO  
Name SOLOMON, NATHAN E  
Address 217 WILLOW  
City-State-Zip: ANNA MARIA FL 34216-0626

Title DIRECTOR  
Name ANDERSON, NORA  
Address 3846 CALYPSO RD  
City-State-Zip: HOLT MI 48842

*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: NATHAN SOLOMON**

**CFO**

**01/25/2016**

Electronic Signature of Signing Officer/Director Detail

Date