

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001820

Entity Name: CHAPTERS HEALTH HOME CONNECT, INC.**Current Principal Place of Business:**12470 TELECOM DRIVE
SUITE 301
TEMPLE TERRACE, FL 33637**Current Mailing Address:**12470 TELECOM DRIVE
SUITE 301
TEMPLE TERRACE, FL 33637 US**FEI Number:** 27-5158323**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MOLOSKY, ANDREW K.
12470 TELECOM DRIVE
SUITE 301
TEMPLE TERRACE, FL 33637 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:** ANDREW K. MOLOSKY

04/20/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, CHAIR, PRESIDENT/CEO
Name MOLOSKY, ANDREW K.
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name HO-PEHLING, LILLY A.
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,
CFO
Name O'NEIL, DAVID J.
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title ASST. SECRETARY
Name EATON, GAYLE E.
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,
CHIEF COMPLIANCE OFFICER
Name WHITE, RHONDA
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, COO
Name FORMAN, DEAN
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, VC
Name WOODRUFF, RANDY
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR
Name JOINER, JAMES T.
Address 12470 TELECOM DRIVE
SUITE 301
City-State-Zip: TEMPLE TERRACE FL 33637

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: DAVID J. O'NEIL

CFO

04/20/2022

Electronic Signature of Signing Officer/Director Detail

Date