2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001820

Entity Name: CHAPTERS HEALTH HOME CONNECT, INC.

FILED May 01, 2019 **Secretary of State** 3074609156CC

Current Principal Place of Business:

12470 TELECOM DRIVE SUITE 300 WEST

TEMPLE TERRACE, FL 33637

Current Mailing Address:

12470 TELECOM DRIVE SUITE 300 WEST

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 300 WEST

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 05/01/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title DIRECTOR, CHAIR, PRESIDENT/CEO Title DIRECTOR, VICE CHAIR MOLOSKY, ANDREW K. Name Name HALEY, WILLIAM E. PHD Address 12470 TELECOM DRIVE Address 12470 TELECOM DRIVE SUITE 300 WEST

SUITE 300 WEST

SUITE 300 WEST

CHIEF MEDICAL OFFICER

City-State-Zip: TEMPLE TERRACE FL 33637 City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, SECRETARY Title **DIRECTOR**

MCMILLAN, SUSAN C. PHD HO-PEHLING, LILLY A. Name Name 12470 TELECOM DRIVE 12470 TELECOM DRIVE Address Address

SUITE 300 WEST

TEMPLE TERRACE FL 33637 TEMPLE TERRACE FL 33637 City-State-Zip:

EX OFFICIO/NON-VOTING DIRECTOR, Title EX OFFICIO/NON-VOTING DIRECTOR, Title

CFO

City-State-Zip:

Name

Address

City-State-Zip:

SCHONWETTER, RONALD S. DR. Name O'NEIL, DAVID J. Name

Address 12470 TELECOM DRIVE Address 12470 TELECOM DRIVE

SUITE 300 WEST SUITE 300 WEST

City-State-Zip: TEMPLE TERRACE FL 33637 City-State-Zip: TEMPLE TERRACE FL 33637

Title ASST. SECRETARY Title EX OFFICIO/NON-VOTING DIRECTOR,

CHIEF COMPLIANCE & CLINICAL EATON, GAYLE E. **OFFICER**

12470 TELECOM DRIVE Name SAUCIER, S. PAMELA

SUITE 300 WEST

12470 TELECOM DRIVE Address TEMPLE TERRACE FL 33637 SUITE 300 WEST

> TEMPLE TERRACE FL 33637 City-State-Zip:

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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: DAVID J. O'NEIL **CFO** 05/01/2019

Officer/Director Detail Continued:

TitleCHIEF INFORMATION OFFICERTitleDIRECTOR, COONameSYPEK, SHERYL J.NameFORMAN, DEAN

Address 12470 TELECOM DRIVE Address 12470 TELECOM DRIVE

SUITE 300 WEST SUITE 300 WEST

City-State-Zip: TEMPLE TERRACE FL 33637 City-State-Zip: TEMPLE TERRACE FL 33637