

**2015 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 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:**FERNANDEZ, KATHY L  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title DIRECTOR, CHAIR, PRESIDENT/CEO  
Name FERNANDEZ, KATHY L.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, VICE CHAIR  
Name HALEY, WILLIAM E. PHD  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, SECRETARY  
Name MCMILLAN, SUSAN C. PHD  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR, COO  
Name BERTELS, PEGGY I.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title DIRECTOR  
Name HO-PEHLING, LILLY A.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,  
CFO  
Name O'NEIL, DAVID J.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,  
CHIEF MEDICAL OFFICER  
Name SCHONWETTER, RONALD S. DR.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

Title EX OFFICIO/NON-VOTING DIRECTOR,  
CHIEF LEGAL OFFICER  
Name WHITE, H. DARRELL ESQ.  
Address 12470 TELECOM DRIVE  
SUITE 300 WEST  
City-State-Zip: TEMPLE TERRACE FL 33637

**Continues on page 2**

*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:** H. DARRELL WHITE, ESQ.

CHIEF LEGAL OFFICER

04/17/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

|                 |                                       |
|-----------------|---------------------------------------|
| Title           | ASST. SECRETARY                       |
| Name            | EATON, GAYLE E.                       |
| Address         | 12470 TELECOM DRIVE<br>SUITE 300 WEST |
| City-State-Zip: | TEMPLE TERRACE FL 33637               |