

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000012045

Entity Name: FLORIDA ESSENTIAL HEALTHCARE PARTNERSHIPS
FOUNDATION, INC.

FILED
Feb 22, 2024
Secretary of State
6107392391CC

Current Principal Place of Business:

401 W. 15TH STREET, SUITE 840
AUSTIN, TX 78701

Current Mailing Address:

401 W. 15TH STREET, SUITE 840
AUSTIN, TX 78701

FEI Number: 85-3682775

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CANDACE PIGNATARO

02/22/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name KARIHER, JULES A
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title D
Name MORGAN, MERRICK S
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title D
Name COCHRAN, WEBB M
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name WILSON, BRENT
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name GOODMAN, TODD
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name ZUNIO, MATTHEW A.
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name SHATANOF, ERIC D.
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name GRAVES, ERIC F.
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

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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: DON LEE

PRESIDENT

02/22/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MYERS, KIM
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name THORNTON, ROBERT W.
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name FLAKE, LESLIE
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name JAVERSACK, DAWN E.
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title PRESIDENT
Name LEE, DON
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701

Title DIRECTOR
Name HARRIS, STEPHEN
Address 401 W. 15TH STREET, SUITE 840
City-State-Zip: AUSTIN TX 78701