

**2022 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N20000012045

**Entity Name:** FLORIDA ESSENTIAL HEALTHCARE PARTNERSHIPS  
FOUNDATION, INC.**FILED**  
**Oct 05, 2022**  
**Secretary of State**  
**7188501295CR****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****10/05/2022**

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****ACTING PRESIDENT****10/05/2022**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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