

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000003004

**Entity Name:** TORREYA HEALTH CARE, INC.

**Current Principal Place of Business:**

6294 NW TORREYA PK RD  
BRISTOL, FL 32321

**Current Mailing Address:**

6294 NW TORREYA PK RD  
BRISTOL, FL 32321 US

**FEI Number: 86-2640638**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STAN WHITTAKER  
6294 NW TORREYA PK RD  
BRISTOL, FL 32321 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  
Name            WHITTAKER, STANLEY FRANKLIN  
                    MSN  
Address        6924 NW TORREYA PK RD  
City-State-Zip: BRISTOL FL 32321

Title            CO-DIRECTOR  
Name            JENKS, KIMBERLY  
Address        10963 SOUTHWEST BIG MAC RD  
City-State-Zip: CLARKSVILLE FL 32430

Title            MEMBER AT LARGE  
Name            FOWLER, EMILY LAUREN  
Address        6294 NW TORREYA PK RD  
City-State-Zip: BRISTOL FL 32321

*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: STANLEY WHITTAKER**

**MR**

**03/20/2022**

Electronic Signature of Signing Officer/Director Detail

Date