2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2021
Secretary of State
1630831749CC

DOCUMENT# N45040

Entity Name: CAN COMMUNITY HEALTH, INC.

Current Principal Place of Business:

4440 FRUITVILLE RD
SARASOTA, FL 34232

Current Mailing Address:

4440 FRUITVILLE RD
SARASOTA, FL 34232 US

FEI Number: 65-0278528

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CARLISLE, RICHARD E.
4440 FRUITVILLE RD
SARASOTA, FL 34232 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: JENNIFER W. LOCKWOOD 01/11/2021

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PCEO
Name	CARLISLE, RICHARD E.
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	TRISOLINI, ROBERT
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	WALKER, MEADOW
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	VC
Name	ROGERS, JACKIE
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	SECRETARY
Name	NOSAL, ROBERT D
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	CHAIRMAN
Name	JIFUNZA, DEMETRIUS
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	ASST. TREASURER
Name	COVERT, STEPHEN PHD
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	TREASURER
Name	BECICH, ANTHONY J.
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

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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: MARY LIFLAND SVP & CFO 01/11/2021

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	ASST. SECRETARY
Name	ARROYO, M.D., REINALDO
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	CFO
Name	LIFLAND, MARY
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232

Title	DIRECTOR
Name	D'ELETTO, M.D. , THOMAS A.
Address	4440 FRUITVILLE RD
City-State-Zip:	SARASOTA FL 34232