

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46306

Entity Name: SUWANNEE RIVER AREA HEALTH EDUCATION CENTER, INC.

Current Principal Place of Business:

14646 NW 151ST BLVD
ALACHUA, FL 32615

Current Mailing Address:

14646 NW 151ST BLVD
ALACHUA, FL 32615

FEI Number: 59-3112649

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SARAH, CATALANOTTO
14646 NW 151ST BLVD
ALACHUA, FL 32615 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: SARAH CATALANOTTO

01/31/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VP
Name FORTNER, SCOTT
Address 3000 NW 83RD ST, W-002
City-State-Zip: GAINESVILLE FL 32606

Title SECRETARY
Name HART, MARK
Address UF COLLEGE OF PUBLIC HEALTH
AND HEALTH PROF
1225 CENTER DRIVE ROOM 460
City-State-Zip: GAINESVILLE FL 32611

Title EXECUTIVE DIRECTOR
Name CATALANOTTO, SARAH L
Address SUWANNEE RIVER AHEC
14646 NW 151ST BLVD
City-State-Zip: ALACHUA FL 32615

Title PRESIDENT
Name REYNOLDS, AMIE
Address 1801 N TEMPLE AVE
City-State-Zip: STARKE FL 32091

Title TREASURER
Name JONES, LOYCE
Address FLORIDA DENTAL CARE
5100 SW 25TH BLVD
City-State-Zip: GAINESVILLE FL 32608

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: SARAH CATALANOTTO

EXECUTIVE DIRECTOR

01/31/2017

Electronic Signature of Signing Officer/Director Detail

Date