

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000001746

Entity Name: ASPIRE HEALTH PARTNERS FOUNDATION, INC.

Current Principal Place of Business:

5151 ADANSON STREET
ORLANDO, FL 32804

Current Mailing Address:

5151 ADANSON STREET
ORLANDO, FL 32804 US

FEI Number: 59-3425984

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROBB, PAMELA M
1311 WINTER GARDEN-VINELAND RD.
WINTER GARDEN, FL 34787 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 CHAIRMAN
Name DAVIS, ANDREW
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title PRESIDENT
Name KASSAB, JERRY
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title SECRETARY
Name CHRISTNER, DAVID
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title TREASURER
Name FLESING, CAROL
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

Title DIRECTOR
Name LUPFER, SAM
Address 5151 ADANSON STREET
City-State-Zip: ORLANDO FL 32804

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: JERRY KASSAB

PRESIDENT

03/30/2016

Electronic Signature of Signing Officer/Director Detail

Date