

2025 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:** Yes**Name and Address of Current Registered Agent:**CARBONE, EDWARD J
ONE URBAN CENTRE
4830 W. KENNEDY BLVD, SUITE 280
TAMPA, FL 33609 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:** EDWARD J CARBONE

04/11/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT/CEO
Name	HANKEY, BABETTE
Address	5151 ADANSON STREET
City-State-Zip:	ORLANDO FL 32804

Title	CHAIRMAN
Name	BRYAN, PAUL
Address	5151 ADANSON STREET
City-State-Zip:	ORLANDO FL 32804

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

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

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

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

Title	TREASURER/SECRETARY
Name	GRIFFITHS, SCOTT
Address	5151 ADANSON STREET
City-State-Zip:	ORLANDO FL 32804

Title	CFO
Name	DAMM, LINDA
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: SCOTT GRIFFITHS

TREASURER/SECRETARY 04/11/2025

Electronic Signature of Signing Officer/Director Detail

Date