

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000001746

**FILED**  
**Mar 14, 2018**  
**Secretary of State**  
**CC0305475370**

**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  
214 NORTH 3RD STREET, SUITE B  
LEESBURG, FL 34748 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           TREASURER  
Name           GRIFFITHS, SCOTT  
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           PRESIDENT  
Name           JACOBS, DICK  
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:** DICK JACOBS

**PRESIDENT**

**03/14/2018**

Electronic Signature of Signing Officer/Director Detail

Date