2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000063172

Entity Name: BEHEALTHY FLORIDA, INC.

Current Principal Place of Business:

4800 DEERWOOD CAMPUS PARKWAY BLDG 100

JACKSONVILLE, FL 32246

Current Mailing Address:

4800 DEERWOOD CAMPUS PARKWAY BLDG 100 JACKSONVILLE, FL 32246 US

FEI Number: 46-0606080 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

MACCARTHY, DEIRDRE 4800 DEERWOOD CAMPUS PKWY DC 1-7 JACKSONVILLE, FL 32246 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:

Date

Officer/Director Detail :

Title CHAIRMAN, CEO Title **SECRETARY**

DIVITA, CHARLES III Name Name JOLLY, AREZOU C

4800 DEERWOOD CAMPUS Address 4800 DEERWOOD CAMPUS PARKWAY Address

PARKWAY, DC1-7

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title DIRECTOR Title ASST. TREASURER

Name TROTTER-MITCHELL, SHAWN Name READ, KIM

4800 DEERWOOD CAMPUS PARKWAY 4800 DEERWOOD CAMPUS PARKWAY Address Address

DC 1-5

FILED Apr 26, 2021

Secretary of State

3811922044CC

Date

JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip:

CFO Title Title **TREASURER** Name JUSTICE, THURMAN Name BAILEY, CARL

4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY Address

DC 1-8 DC 1-6

City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246

Title **DIRECTOR** Title **PRESIDENT**

MARINO, VITO ANTHONY Name BECHTEL, RACHEL Name

4800 DEERWOOD CAMPUS PARKWAY Address 4800 DEERWOOD CAMPUS PARKWAY Address

> DC 1-5 DC 4-1

JACKSONVILLE FL 32246 City-State-Zip: JACKSONVILLE FL 32246 City-State-Zip:

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 607, Florida Statutes, and that my name appears above, or on an attachment with all other like empowered.

04/26/2021 SIGNATURE: AREZOU C JOLLY SECRETARY

Electronic Signature of Signing Officer/Director Detail