## 2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F18000002003

**Entity Name: LIFENET HEALTH CORPORATION** 

**Current Principal Place of Business:** 

1864 CONCERT DR

VIRGINIA BEACH, VA 23453

**Current Mailing Address:** 

1864 CONCERT DR

VIRGINIA BEACH, VA 23453 US

FEI Number: 52-1273592 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 18, 2024

Secretary of State

9227388617CC

Officer/Director Detail :

Title CHAIRMAN, OFFICER AND DIRECTOR Title DIRECTOR

HERRE, JOHN M MD Name

1864 CONCERT DR 1864 CONCERT DR Address Address

City-State-Zip: VIRGINIA BEACH VA 23453 VIRGINIA BEACH VA 23453 City-State-Zip:

Title OFFICER (SECRETARY) Title OFFICER (PRESIDENT) AND

DIRECTOR

THOMAS, RONY Name

1864 CONCERT DR Address

City-State-Zip: VIRGINIA BEACH VA 23453

Title **DIRECTOR** 

CROSS, LINDA Name

Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR

HENDERSON, LENNEAL JR./ DR. Name

1864 CONCERT DR Address

City-State-Zip: VIRGINIA BEACH VA 23453

Name BOWERS, GERALD M DDS, MS

Name JONES, JOHN PHILIP

Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

OFFICER AND DIRECTOR Title

Name RILEY, LEE DR.

Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR

Name LANDSMAN, ADAM

1864 CONCERT DR Address

City-State-Zip: VIRGINIA BEACH VA 23453

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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: JOHN PHILIP JONES

Electronic Signature of Signing Officer/Director Detail

CFO/SECRETARY

03/18/2024

Date

## Officer/Director Detail Continued:

Title DIRECTOR

Name BARTON, JONATHAN Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR

Name REYNOLDS, MARK DR. Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title MR.

Name WIMBUSH, BLAIR Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title DIRECTOR

Name CARDEA, JOHN DR.

Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453

Title MS.

Name WILD, YVONNE

Address 1864 CONCERT DR

City-State-Zip: VIRGINIA BEACH VA 23453