

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707629

Entity Name: SOUTH FLORIDA HOSPITAL AND HEALTHCARE ASSOCIATION, INC.

FILED
Apr 15, 2024
Secretary of State
3432132737CC

Current Principal Place of Business:

3500
CARLTON LANE
DAVIE, FL 33330

Current Mailing Address:

P.O.BOX 19268
PLANTATION, FL 33318 US

FEI Number: 59-0979494

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALDWELL, JAIME S
3500 CARLTON LN
DAVIE, FL 33330 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: JAIME S. CALDWELL

04/15/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name CALDWELL, JAIME S
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR, TREASURER
Name FELIX, CHARLES
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR
Name WHERLEY, JOEL
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR, SECRETARY
Name ROMILLO, ALEX
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR
Name SMITH, JARED
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title CHAIRMAN
Name STUCZYNSKI, JOE
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title VC
Name ULBRICHT, BILL
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

Title DIRECTOR
Name NORDEN, HAROULA
Address P.O.BOX 19268
City-State-Zip: PLANTATION FL 33318

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: JAIME CALDWELL

PRESIDENT

04/15/2024

Electronic Signature of Signing Officer/Director Detail

Date