# SIGNATURE: JAIME S. CALDWELL

Title	DIRECTOR, CHAIRMAN	Title	DIRECTOR, SECRETARY
Name	MENDEZ, LINCOLN	Name	BALL, JAMES
Address	1855 GRIFFIN ROAD SUITE A-415	Address	1855 GRIFFIN ROAD SUITE A-415
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	DANIA BEACH FL 33004
Title	DIRECTOR, VC	Title	DIRECTOR
Name	LECONTE, CHANTEL	Name	FELIX, CHARLES
Address	1855 GRIFFIN ROAD SUITE A-415	Address	1855 GRIFFIN ROAD SUITE A-415
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	DANIA BEACH FL 33004
Title	DIRECTOR, TREASURER	Title	DIRECTOR
Name	WELCH, JEFF	Name	ZALAZNIK, MARY
Address	1855 GRIFFIN ROAD SUITE A-415	Address	1855 GRIFFIN ROAD SUITE A-415
City-State-Zip:	DANIA BEACH FL 33004	City-State-Zip:	DANIA BEACH FL 33004

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

Title

Name

Address

City-State-Zip:

DIRECTOR

BRYAN, MARK

SUITE A-415

PRESIDENT

1855 GRIFFIN ROAD

DANIA BEACH FL 33004

**Current Mailing Address:** 1855 GRIFFIN ROAD SUITE A-415 DANIA BEACH, FL 33004 US

## FEI Number: 59-0979494

## Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

CALDWELL, JAIME S 1855 GRIFFIN ROAD SUITE A-415 DANIA BEACH, FL 33004 US

Officer/Director Detail :

Title

Name

Address

City-State-Zip:

SIGNATURE: JAIME S. CALDWELL

PRESIDENT

SUITE A-415

above, or on an attachment with all other like empowered.

CALDWELL, JAIME S

1855 GRIFFIN ROAD

DANIA BEACH FL 33004

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.

1855 GRIFFIN ROAD SUITE A-415 DANIA BEACH, FL 33004

## 2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# 707629

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

## **Current Principal Place of Business:**

Apr 14, 2016 Secretary of State CC2365814930

FILED

Certificate of Status Desired: No

04/14/2016

04/14/2016

Date

Date

Electronic Signature of Signing Officer/Director Detail