

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707629

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

**FILED**  
**Apr 15, 2021**  
**Secretary of State**  
**1880611618CC**

**Current Principal Place of Business:**

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

**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**

**04/15/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT	Title	DIRECTOR
Name	CALDWELL, JAIME S	Name	MENDEZ, LINCOLN
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	FELIX, CHARLES	Name	WAGNER, DAVID
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	Title	DIRECTOR, SECRETARY
Name	WHERLEY, JOEL	Name	ROMILLO, ALEX
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	CHAIRMAN	Title	VC
Name	SMITH, JARED	Name	STUCZYNSKI, JOSEPH
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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JAIME CALDWELL**

**PRESIDENT**

**04/15/2021**

Electronic Signature of Signing Officer/Director Detail

Date