

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 737111

Entity Name: ADOM HEALTH FOUNDATION, INC.

Current Principal Place of Business:

730 N.W. 34TH STREET
MIAMI, FL 33127

Current Mailing Address:

730 N.W. 34TH STREET
MIAMI, FL 33127 US

FEI Number: 59-1709438

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FITZGERALD, J PATRICK ESQ
J PATRICK FITZGERALD & ASSOCIATES P.A.
110 MERRICK WAY, SUITE 3-B
CORAL GABLES, FL 33134 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

Officer/Director Detail :

Title DIRECTOR, SECRETARY
Name PUENTES-LEON, ANGELA
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR, CHAIRMAN
Name URIBE, JORGE
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name WORLEY, ELIZABETH ANN
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name VARONA, JOSE
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR, TREASURER
Name CASTELLANOS, ALEXANDER
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name HARRIS, ANA
Address 9100 SOUTH DADELAND BLVD.
1701
City-State-Zip: MIAMI FL 33156

Title DIRECTOR
Name MANRARA, CARLOS
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name CASTILLO, REBECCA
Address 730 N.W. 34TH STREET
City-State-Zip: MIAMI FL 33127

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: JORGE URIBE

CHAIRMAN

01/23/2023

Electronic Signature of Signing Officer/Director Detail

Date