

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005571

Entity Name: NURSING CONSORTIUM OF FLORIDA, INC.**Current Principal Place of Business:**5751 SW 58TH COURT
SOUTH MIAMI, FL 33143-2349**Current Mailing Address:**5751 SW 58TH COURT
SOUTH MIAMI, FL 33143-2349 US**FEI Number:** 20-0065161**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**EGUES, RAFAEL JR.
5751 SW 58TH COURT
SOUTH MIAMI, FL 33143-2349 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
Name CARAWAY, VICKI
Address MIAMI CANCER INSTITUTE
8900 N KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

Title PRESIDENT-ELECT
Name DUNNE, W. JASON
Address CHAMBERLAIN UNIVERSITY
2300 SW 145TH AVENUE
City-State-Zip: MIRAMAR FL 33027

Title SECRETARY
Name GONZALEZ, NANCY
Address BROWARD COLLEGE
3501 SW DAVIE RD
City-State-Zip: DAVIE FL 33314

Title DIRECTOR
Name CLARKE, CAROL
Address PALM BEACH STATE COLLEGE
4200 SOUTH CONGRESS AVE MS 60
City-State-Zip: LAKE WORTH FL 33460

Title PAST PRESIDENT
Name SUAREZ, MARIA A.
Address MIAMI CANCER INSTITUTE
8900 N KENDALL DRIVE
City-State-Zip: MIAMI FL 33176

Title DIRECTOR
Name NORRIS, TOMMIE L.
Address MIAMI DADE COLLEGE
950 NW 20TH STREET
City-State-Zip: MIAMI FL 33127

Title DIRECTOR
Name GEORGE DALMIDA, SAFIYA
Address FLORIDA ATLANTIC UNIVERSITY
777 GLADES ROAD
City-State-Zip: BOCA RATON FL 33431

Title DIRECTOR
Name SMITH, CANDACE S.
Address CAPE CORAL HOSPITAL
636 DEL PRADO BOULEVARD SOUTH
City-State-Zip: CAPE CORAL FL 33990

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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: RAFAEL EGUES**EXECUTIVE DIRECTOR****04/17/2023**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MASELLA, JOANNE
Address NOVA SOUTHEASTERN UNIVERSITY
 11501 NORTH MILITARY TRAIL
City-State-Zip: PALM BEACH GARDENS FL 33410

Title DIRECTOR
Name VIEITO-SMITH, ELIZABETH L.
Address UNIVERSITY OF MIAMI HOSPITALS & CLINICS
 1475 NW 12 AVENUE ROOM 403
City-State-Zip: MIAMI FL 33136

Title EXECUTIVE DIRECTOR
Name EGUES, RAFAEL JR.
Address CRUZ FOX, LLC.
 5751 SW 58TH COURT
City-State-Zip: SOUTH MIAMI FL 33143

Title PRESIDENT
Name SEAYER, JEAN
Address BROWARD HEALTH
 1608 SE 3RD AVENUE – 2ND FLOOR
City-State-Zip: FORT LAUDERDALE FL 33316

Title DIRECTOR
Name ODELL, SHANNON
Address NICKLAUS CHILDREN'S HOSPITAL
 6125 SW 31 STREET
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name HIGGINS, C. SHAWN
Address ARIZONA COLLEGE OF NURSING
 600 CORPORATE DRIVE
City-State-Zip: FORT LAUDERDALE FL 33334