

2024 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	DIRECTOR
Name	CLARKE, CAROL
Address	PALM BEACH STATE COLLEGE 4200 SOUTH CONGRESS AVE MS 60
City-State-Zip:	LAKE WORTH FL 33460
Title	DIRECTOR
Name	NORRIS, TOMMIE L.
Address	MIAMI DADE COLLEGE 950 NW 20TH STREET
City-State-Zip:	MIAMI FL 33127
Title	DIRECTOR
Name	SMITH, CANDACE S.
Address	CAPE CORAL HOSPITAL 636 DEL PRADO BOULEVARD SOUTH
City-State-Zip:	CAPE CORAL FL 33990

Title	PRESIDENT-ELECT
Name	DUNNE, W. JASON
Address	ARIZONA COLLEGE OF NURSING 600 CORPORATE DRIVE SUITE 200
City-State-Zip:	FORT LAUDERDALE FL 33334
Title	PAST PRESIDENT
Name	SUAREZ, MARIA A.
Address	MIAMI CANCER INSTITUTE 8900 N KENDALL DRIVE
City-State-Zip:	MIAMI FL 33176
Title	DIRECTOR
Name	GEORGE DALMIDA, SAFIYA
Address	FLORIDA ATLANTIC UNIVERSITY 777 GLADES ROAD
City-State-Zip:	BOCA RATON FL 33431
Title	TREASURER
Name	MASELLA, JOANNE
Address	NOVA SOUTHEASTERN UNIVERSITY 11501 NORTH MILITARY TRAIL
City-State-Zip:	PALM BEACH GARDENS FL 33410

Continues on page 2

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****04/18/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title PRESIDENT
Name SEAVER, 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 SUITE 200
City-State-Zip: FORT LAUDERDALE FL 33334

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