

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17410

**Entity Name:** SOUTH FLORIDA HOSPITAL RESEARCH AND EDUCATION FOUNDATION, INC.

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**0707021127CC**

**Current Principal Place of Business:**

3500  
CARLTON LANE  
DAVIE, FL 33330

**Current Mailing Address:**

P.O.BOX 19268  
PLANTATION, FL 33318 US

**FEI Number: 59-2732250**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CALDWELL, JAIME S  
3500  
CARLTON LANE  
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**

**04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CALDWELL, JAIME S  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           DIRECTOR  
Name           NORDEN, HAROULA  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           D, TREASURER  
Name           FELIX, CHARLES  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           CHAIRMAN  
Name           STUCZYNSKI, JOSEPH  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           DIRECTOR  
Name           WHERLEY, JOEL  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           DIRECTOR, SECRETARY  
Name           ROMILLO, ALEX  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           DIRECTOR  
Name           SMITH, JARED  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

Title           VC  
Name           ULBRICHT, BILL  
Address        P.O.BOX 19268  
City-State-Zip: PLANTATION FL 33318

*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 S CALDWELL**

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date