

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009617

Entity Name: MONARCH HEALTH SERVICES, INC**Current Principal Place of Business:**2580 METROCENTRE BLVD
STE 3
WEST PALM BEACH, FL 33407**Current Mailing Address:**2580 METROCENTRE BLVD
STE 3
WEST PALM BEACH, FL 33407 US**FEI Number:** 35-2640151**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, DAMION
9935 PINEAPPLE TREE DR APT 102
BOYNTON BEACH, FL 33436 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	CHAIRMAN
Name	FOSTER, WESLEY
Address	11173 PACIFICA STREET
City-State-Zip:	WELLINGTON FL 33449

Title	SECRETARY
Name	MACCARTHY, TRICIA
Address	6462 ROBINSON ST
City-State-Zip:	JUPITER FL 33458

Title	TREASURER
Name	LEE-MCLEAN, CHRISTINE P DR
Address	6281 NW 53RD ST
City-State-Zip:	CORAL SPRINGS FL 33067

Title	VC
Name	SMITH, MARLIANO
Address	1660 RENAISSANCE COMMONS BLVD
City-State-Zip:	BOYNTON BEACH FL 33426

Title	CEO
Name	BAKER, DAMION
Address	9935 PINEAPPLE TREE DR 102
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIRECTOR
Name	SANDY, BOISROND
Address	P.O. BOX 640131
City-State-Zip:	MIAMI FL 33164

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: DAMION BAKER

CEO

01/29/2020

Electronic Signature of Signing Officer/Director Detail_____
Date