

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003988

Entity Name: FLORIDA DECIDES HEALTHCARE, INC.**Current Principal Place of Business:**275 NE 18 ST
#202
MIAMI, FL 33132**Current Mailing Address:**PO BOX 10829
TALLAHASSEE, FL 32302 US**FEI Number: 83-4438724****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OSCARIZ, AIDIL
275 NE 18 ST #202
MIAMI, FL 33132 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	UNTIEDT, WHITNEY
Address	PO BOX 14-5415
City-State-Zip:	CORAL GABLES FL 33114

Title	DIRECTOR
Name	DARIUS, SCOTT
Address	PO BOX 14-5415
City-State-Zip:	CORAL GABLES FL 33114

Title	DIRECTOR
Name	HENDERSON, ARMEN
Address	PO BOX 14-5415
City-State-Zip:	CORAL GABLES FL 33114

Title	TREASURER
Name	HARTMANN, KENNETH
Address	PO BOX 14-5415
City-State-Zip:	CORAL GABLES FL 33114

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: SCOTT DARIUS**05/04/2022**

Electronic Signature of Signing Officer/Director Detail

Date