

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N19000008240

**FILED**  
**Apr 28, 2023**  
**Secretary of State**  
**7046302916CC**

**Entity Name:** EHDOC ALLAPATTAH CHARITABLE CORPORATION

**Current Principal Place of Business:**

1200 SOUTH PINE ISLAND ROAD, SUITE 725  
PLANTATION, FL 33324

**Current Mailing Address:**

1580 SAWGRASS CORPORATE PARKWAY  
SUITE 100  
FORT LAUDERDALE, FL 33323 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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 VP  
Name ROMERO, EDWARD L  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title VP  
Name GERARD, LEO W  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title SECRETARY  
Name CARDONE, MARIA C  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title TREASURER  
Name SCHMELZER, ERICA  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name CARTER, MAXINE  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FEINGOLD, ELLEN  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name FRANSETTA, TONY  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name MARTINEZ, ROBERT  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

**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:** RIBEIRO, MELANIE

**PRESIDENT**

**04/28/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name OLSEN, JOHN  
Address 1200 SOUTH PINE ISLAND ROAD, SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name SMITH, ROGER  
Address 1200 SOUTH PINE ISLAND ROAD, SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title DIRECTOR  
Name ROBERTS, CECIL  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324

Title PRESIDENT  
Name RIBEIRO, MELANIE  
Address 1200 SOUTH PINE ISLAND ROAD,  
SUITE 725  
City-State-Zip: PLANTATION FL 33324