DOCUMENT# N19520

Entity Name: MORSELIFE HEALTH SYSTEM, INC.

Current Principal Place of Business:

4847 DAVID S. MACK DRIVE WEST PALM BEACH, FL 33417

Current Mailing Address:

4847 DAVID S. MACK DRIVE WEST PALM BEACH, FL 33417 US

FEI Number: 65-0018299

Name and Address of Current Registered Agent:

MYERS, KEITH A 4847 DAVID S. MACK DRIVE WEST PALM BEACH, FL 33417 US FILED May 08, 2023 Secretary of State 7612941939CC

Date

Certificate of Status Desired: No

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

Officer/Director Detail :

•			
Title	CFO	Title	DIRECTOR
Name	WOLAN, RANDY	Name	LEVIN, STEPHEN A.
Address	4847 DAVID S. MACK DRIVE	Address	4847 DAVID S. MACK DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title	CHAIRMAN	Title	DIRECTOR
Name	MACK, DAVID S.	Name	RUBENSTEIN, MITCHELL
Address	4847 DAVID S. MACK DRIVE	Address	4847 DAVID S. MACK DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title Name	VC SRIBERG, TERRI	Title Name	DIRECTOR EMERITUS MEISTER, ROBERT A.
Name	SRIBERG, TERRI 4847 DAVID S. MACK DRIVE	Name	MEISTER, ROBERT A.
Name Address	SRIBERG, TERRI 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417 DIRECTOR JACOBS, JOSEPH 4847 DAVID S. MACK DRIVE	Name Address	MEISTER, ROBERT A. 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417 DIRECTOR JAFFE, ROBERT 4847 DAVID S. MACK DRIVE

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: RANDY WOLAN

CFO

Electronic Signature of Signing Officer/Director Detail

Officer/Director Detail Continued :

Title	DIRECTOR	Title	DIRECTOR
Name	KATZ, STANLEY	Name	LORING, ARTHUR S.
Address	4847 DAVID S. MACK DRIVE	Address	4847 DAVID S. MACK DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title Name Address City-State-Zip: Title Name Address	VC MARGOLIS, MICHAEL 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417 DIRECTOR EMERITUS SCHLAGER, S. LAWRENCE 4847 DAVID S. MACK DRIVE	Title Name Address City-State-Zip: Title Name Address	DIRECTOR PANTZER, EDWARD 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417 PRESIDENT/CEO MYERS, KEITH 4847 DAVID S. MACK DRIVE
City-State-Zip:	WEST PALM BEACH FL 33417	City-State-Zip:	WEST PALM BEACH FL 33417
Title Name Address City-State-Zip:	VICE CHAIRMAN SHARF, JEAN 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417	Title Name Address City-State-Zip:	DIRECTOR SIRULNICK, SANFORD 4847 DAVID S. MACK DRIVE WEST PALM BEACH FL 33417
Name Address	SHARF, JEAN 4847 DAVID S. MACK DRIVE	Name Address	SIRULNICK, SANFORD 4847 DAVID S. MACK DRIVE