### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000011457

Entity Name: EHDOC MELROSE TERRACE CHARITABLE CORPORATION

FILED
Apr 19, 2024
Secretary of State
2118182804CC

## **Current Principal Place of Business:**

1200 S PINE ISLAND RD

STE 725

PLANTATION, FL 33324

# **Current Mailing Address:**

1200 S PINE ISLAND RD STE 725

PLANTATION, FL 33324 US

FEI Number: 85-3593298 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:

STE 725

Title	DIRECTOR	Title	PRESIDENT / CEO
Name	FRANSETTA, TONY	Name	RIBEIRO, MEI ANIE

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

STE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title VP Title VP

Name GERARD, LEO W Name ROMERO, EDWARD L

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

STE 725 STE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

TitleSECRETARYTitleCHAIRMAN OF THE BOARDNameCORDONE, MARIA C.NameSHELTON, CHRISTOPHER M.

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

STE 725 STE 725

JIL 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

Title DIRECTOR Title DIRECTOR

Name ANDERSON, MARY Name CARTER, MAXINE

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

STE 725 STE 725

City-State-Zip: PLANTATION FL 33324 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: MELANIE RIBEIRO PRESIDENT / CEO 04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date

### Officer/Director Detail Continued:

DIRECTOR Title Title **DIRECTOR** FEINGOLD, ELLEN ROBERTS, CECIL Name Name

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

> STE 725 STE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

DIRECTOR Title **DIRECTOR** Title Name SMITH, ROGER Name OLSEN, JOHN

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD STE 725

STE 725

PLANTATION FL 33324 PLANTATION FL 33324 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **DIRECTOR** Name DEAN, ERIC MARTINEZ, ROBERT Name

Address 1200 S PINE ISLAND RD Address 1200 S PINE ISLAND RD

PLANTATION FL 33324 City-State-Zip: City-State-Zip: PLANTATION FL 33324

STE 725

Title **DIRECTOR** Title **DIRECTOR** MORET, LOU Name MELO, PAULO Name

1200 S PINE ISLAND RD 1200 S PINE ISLAND RD Address Address

**STE 725** STE 725

City-State-Zip: PLANTATION FL 33324 City-State-Zip: PLANTATION FL 33324

**TREASURER** Title

SCHMELTZER, ERICA Name

1200 S PINE ISLAND RD Address

STE 725

STE 725

PLANTATION FL 33324 City-State-Zip: