

2024 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N22000010276

Entity Name: HCA FL WOODMONT HOSPITAL: MEDICAL STAFF, INC.

Current Principal Place of Business:

7201 N UNIVERSITY DRIVE
TAMARAC, FL 33321

Current Mailing Address:

1750 SUN PEAK DR
SUITE 102
PARK CITY, UT 84098

FEI Number: 92-0248291

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELZIEN BOWERS, CPAS LLC
2525 NE 26TH AVE
FORT LAUDERDALE, FL 33305 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: AEYAL OREN, DO

07/09/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name TROIANO, CHRISTOPHER MD
Address 7710 N UNIVERSITY DRIVE SUITE 103
City-State-Zip: TAMARAC FL 33321

Title VP
Name SHEINBAUM, WILLIAM MD
Address 7401 N UNIVERSITY DRIVE SUITE 204
City-State-Zip: TAMARAC FL 33321

Title T
Name OREN, AEYAL DO
Address 201 NW 82ND AVENUE SUITE 301
City-State-Zip: PLANTATION FL 33324

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: AEYAL OREN

DO

07/09/2024

Electronic Signature of Signing Officer/Director Detail

Date