## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N22000012368

**Entity Name: NEIGHBORHOOD MEDICAL INC** 

**Current Principal Place of Business:** 

320 NE 1ST AVE

HALLANDALE BEACH, FL 33009

**Current Mailing Address:** 

320 NE 1ST AVE

HALLANDALE BEACH . FL 33009 US

FEI Number: 92-1411290 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, JACQUIE 8440 NW 24TH ST SUNRISE, FL, FL 33322 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

FILED Apr 29, 2024

**Secretary of State** 

4870349322CC

Officer/Director Detail:

Title P Title

Name GIL, HILLARY Name GONZALEZ, JACQUIE PA-C

City-State-Zip:

Address 105 NW 133RD TERRACE #203 Address 8440 NW 24TH ST

City-State-Zip: PLANTATION FL 33325

Title MD

Name

NATALIA, HEGEDOSH MD

Address 370 CAMINO GARDEN BLV ST 111

City-State-Zip: BOCA RATON FL 33432

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: GIL, HILLARY

COMMUNITY HEALTH DIRECTOR

SUNRISE FL 33322

04/29/2024