

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# L86633

**Entity Name:** COLONY SPRINGS MEDICAL CENTER, INC.

**Current Principal Place of Business:**

7737 N UNIVERSITY DR  
#107  
TAMARAC, FL 33321

**FILED**  
**Mar 14, 2022**  
**Secretary of State**  
**1546080564CC**

**Current Mailing Address:**

7737 N UNIVERSITY DR  
#107  
TAMARAC, FL 33321 US

**FEI Number: 65-0208025**

**Certificate of Status Desired: No**

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

NEIRA, GABRIEL  
7737 N UNIVERSITY DR  
107  
TAMARAC, FL 33321 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 PD  
Name NEIRA, GABRIEL  
Address 7737 N UNIVERSITY DR, #107  
City-State-Zip: TAMARAC FL 33321

Title VP  
Name GOKHAN, ALEXANDRA  
Address 7737 N UNIVERSITY DR  
#107  
City-State-Zip: TAMARAC FL 33321

Title MNG  
Name FUENTES, CLAUDIA  
Address 7737 N UNIVERSITY DR, #107  
City-State-Zip: TAMARAC FL 33321

Title SEC  
Name NEIRA, RICARDO  
Address 7737 N UNIVERSITY DR  
#107  
City-State-Zip: TAMARAC FL 33321

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CLAUDIA FUENTES**

**MANAGER**

**03/14/2022**

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

\_\_\_\_\_  
Date