

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000014288

**Entity Name:** DELRAY MEDICAL CENTER, INC.

**Current Principal Place of Business:**

14201 DALLAS PKWY  
DALLAS, TX 75254

**Current Mailing Address:**

14201 DALLAS PKWY  
DALLAS, TX 75254 US

**FEI Number:** 75-2922687

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 :**

Title P  
Name LISTI, DANIEL  
Address 14201 DALLAS PKWY  
City-State-Zip: DALLAS TX 75254

Title DIRECTOR  
Name SMITH, SHARILEE  
Address 14201 DALLAS PKWY  
City-State-Zip: DALLAS TX 75254

Title S  
Name MACK, KRISTINA A  
Address 14201 DALLAS PKWY  
City-State-Zip: DALLAS TX 75254

Title ASST. TREASURER  
Name TAYLOR, KRISTIN A.  
Address 14201 DALLAS PKWY  
City-State-Zip: DALLAS TX 75254

*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:** KRISTINA A. MACK

**SECRETARY**

**04/02/2024**

Electronic Signature of Signing Officer/Director Detail

Date