

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000119684

**Entity Name:** INVERRARY MEDICAL CENTER, P.A.

**Current Principal Place of Business:**

4300 N. UNIVERSITY DRIVE  
D104  
FORT LAUDERDALE, FL 33351

**Current Mailing Address:**

P.O. BOX 26582  
TAMARAC, FL 33320 US

**FEI Number: 14-2012012**

**Certificate of Status Desired:** No

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

DONNA A. WILLIAMS  
4300 N. UNIVERSITY DRIVE  
D104  
LAUDERHILL, FL 33351 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:** DONNA A. WILLIAMS

04/26/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P, PRESIDENT  
Name WILLIAMS, DONNA  
Address 4300 N. UNIVERSITY SRIVE  
D104  
City-State-Zip: LAUDERHILL FL 33351  
  
Title VP  
Name ZANABRIA, LUCIA P  
Address 4300 N. UNIVERSITY DRIVE  
D104  
City-State-Zip: LAUDERHILL FL 33351

Title DIRECTOR  
Name SAINVIL, FRANTZ  
Address 4300 N. UNIVERSITY DR  
D104  
City-State-Zip: LAUDERHILL FL 33351

*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:** DONNA WILLIAMS

PRESIDENT

04/26/2023

Electronic Signature of Signing Officer/Director Detail

Date