

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P21000002289

**FILED**  
**Apr 29, 2024**  
**Secretary of State**  
**5098053350CC**

**Entity Name:** CENTRE FOR PATIENT SAFETY AND DISEASE MANAGEMENT, INC.

**Current Principal Place of Business:**

4440 PGA BOULEVARD  
SUITE 600  
PALM BEACH GARDENS, FL 33410

**Current Mailing Address:**

4440 PGA BOULEVARD  
SUITE 600  
PALM BEACH GARDENS, FL 33410 US

**FEI Number: APPLIED FOR**

**Certificate of Status Desired: No**

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

SCHREIBER, CRAIG  
4440 PGA BLVD  
SUITE 600  
PALM BEACH GARDENS, FL 33410 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, S  
Name SCHREIBER, CRAIG  
Address 4440 PGA BOULEVARD  
STE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP  
Name SCHECHTER, DINA  
Address 4440 PGA BOULEVARD  
SUITE 600  
City-State-Zip: PALM BEACH GARDENS FL 33410

*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: CRAIG SCHREIBER**

**PRESIDENT**

**04/29/2024**

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

\_\_\_\_\_  
Date