

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P98000103553

**Entity Name:** CHRISTIAN HOSPITAL SRO DEVELOPMENT, INC.**Current Principal Place of Business:**1603 NW 7 AVENUE  
MIAMI, FL 33136**Current Mailing Address:**1603 NW 7 AVENUE  
MIAMI, FL 33136 US**FEI Number:** 65-0880565**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J PATRICK ESQ.  
J. PATRICK FITZGERALD & ASSOCIATES, P.A.  
110 MERRICK WAY, SUITE3-B  
CORAL GABLES, FL 33134 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:** J PATRICK FITZGERALD, ESQ.

03/15/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	P	Title	T
Name	FERNANDEZ, HILDA M	Name	OMANE-ACHAMFOUR, BISMARCK
Address	1603 NW 7 AVENUE	Address	1603 NW 7 AVENUE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136
Title	SVP, OPERATIONS & MARKETING	Title	S
Name	GIL, SAM	Name	HILL, THOMAS
Address	1603 NW 7 AVENUE	Address	901 BROTHER MATHIAS PLACE
City-State-Zip:	MIAMI FL 33136	City-State-Zip:	ALBUQUERQUE NM 87103

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:** HILDA M FERNANDEZ

P

03/15/2022

Electronic Signature of Signing Officer/Director Detail

Date