

2019 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000005487

Entity Name: CAT CAY MEDICAL CLINIC FOUNDATION, INC.

FILED
Apr 04, 2019
Secretary of State
6381866502CC

Current Principal Place of Business:

1050 LEE WAGENER BLVD 106
FT LAUDERDALE, FL 33315

Current Mailing Address:

1050 LEE WAGENER BLVD 106
FT LAUDERDALE, FL 33315 US

FEI Number: 20-5221502

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HICKS, JEFFREY J
1040 ALFONSO AVENUE
CORAL GABLES, FL 33146 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: JEFFREY J. HICKS

04/04/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name HICKS, JEFFREY J
Address 1040 ALFONSO AVENUE
City-State-Zip: CORAL GABLES FL 33146

Title SECRETARY
Name ROIG, FERNANDO
Address 2359 NE 29TH STREET
City-State-Zip: LIGHTHOUSE POINT FL 33064

Title DIRECTOR
Name HUTTON, KEVIN DR.
Address 312 SOUTH CEDROS AVENUE
 322
City-State-Zip: SOLANA BEACH CA 92075-1981

Title DIRECTOR
Name HIGGS, ROCHELLE
Address 1050 LEE WAGENER BLVD.
 106
City-State-Zip: FT. LAUDERDALE FL 33315

Title TREASURER
Name MACHADO, LUIS
Address 305 ALCAZAR AVE
 SUITE 3
City-State-Zip: CORAL GABLES FL 33134

Title DIRECTOR
Name KAISER, MARC
Address 2745 NE 1ST
City-State-Zip: POMPANO BEACH FL 33062

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

SIGNATURE: JEFFREY J HICKS

PRESIDENT

04/04/2019

Electronic Signature of Signing Officer/Director Detail

Date