

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001773

Entity Name: STEWARD HEALTH CARE NETWORK, INC.

Current Principal Place of Business:

1900 N. PEARL STREET
SUITE 2400
DALLAS, TX 75201

Current Mailing Address:

111 HUNTINGTON AVENUE, SUITE 1800
BOSTON, MA 02199 US

FEI Number: 27-3075212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 DIRECTOR, PRESIDENT
Name CALLUM, MICHAEL
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

Title PRESIDENT, DIRECTOR
Name DONLAN, JOHN
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

Title SECRETARY
Name HOLTZ, HERBERT
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

Title TREASURER
Name DUNLEAVY, CHRISTOPHER
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

Title ASSISTANT SECRETARY
Name HIBBLE, NATHALIE
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

Title DIRECTOR
Name WEINSTEIN, JOSEPH M. MD
Address 1900 N. PEARL STREET
 SUITE 2400
City-State-Zip: DALLAS TX 75201

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: NATHALIE HIBBLE

ASSISTANT SECRETARY 04/11/2022

Electronic Signature of Signing Officer/Director Detail

Date