2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000001773

Entity Name: STEWARD HEALTH CARE NETWORK, INC.

FILED Feb 25, 2023 Secretary of State 7458964591CC

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 SECRETARY Title DIRECTOR

 ${\sf Name} \qquad \qquad {\sf HOLTZ}, \, {\sf HERBERT} \qquad \qquad {\sf Name} \qquad \qquad {\sf ANWAR}, \, , \, {\sf MD \ SYED}$

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

 Title
 DIRECTOR
 Title
 DIRECTOR

 Name
 AZIZ, , NABIL
 Name
 GUAY, , AMY

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

Title DIRECTOR, TREASURER Title DIRECTOR

Name HARMON, , STEVE Name SHINA, MD , JAMES F.

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

Title DIRECTOR Title DIRECTOR

Name SLEMONS, , DO HOWARD Name VACANT, , POSITION

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201

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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: HIBBLE, NATHALIE ASSISTANT SECRETARY 02/25/2023

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

 Title
 ASST. SECRETARY
 Title
 PRESIDENT, DIRECTOR

 Name
 HIBBLE, , NATHALIE
 Name
 WEINSTEIN, MD , JOSEPH M.

Address 1900 N. PEARL STREET Address 1900 N. PEARL STREET

SUITE 2400 SUITE 2400

City-State-Zip: DALLAS TX 75201 City-State-Zip: DALLAS TX 75201