

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 747197

Entity Name: MARINERS HOSPITAL, INC.**Current Principal Place of Business:**91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070**Current Mailing Address:**91500 OVERSEAS HIGHWAY
TAVERNIER, FL 33070 US**FEI Number:** 59-1987355**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 CEO
Name GROSSMAN, DREW A
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title CHAIRMAN
Name BROWN, BETTE
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title VC
Name WALLACE, AUDRA HILL
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name MARGULIES, STANLEY MD
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name HERSHOFF, JAY A
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title S
Name MARTIN, JOY C
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name BAUER, SALLY E MD
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name GILBERT, WILLIAM H JR.
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

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

SIGNATURE: DREW A. GROSSMAN**CEO****02/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name SMITH, CALE M
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name DELOACH, KATE
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name DAVIDSON, PATRICIA
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070

Title DIRECTOR
Name LEBEN, BOBBI MD
Address 91500 OVERSEAS HIGHWAY
City-State-Zip: TAVERNIER FL 33070