

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005096

Entity Name: NORTH MIAMI BEACH MEDICAL CENTER, INC.

Current Principal Place of Business:

13899 BISCAYNE BOULEVARD
132
NORTH MIAMI BEACH, FL 33181

Current Mailing Address:

PO BOX 680158
MIAMI, FL 33168 US

FEI Number: 65-1032266

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAMSARAN, EILEEN
1950 SOUTH OCEAN DRIVE
M-H
HALLANDALE BEACH, FL 33009 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 PD
Name RAMSARAN, EILEEN M.D.
Address 1950 SOUTH OCEAN DRIVE
City-State-Zip: HALLANDALE BEACH FL 33009

Title STD.
Name ODIBI, JOHNSON O
Address 7311 ALHAMBRA BLVD.
City-State-Zip: MIRAMAR FL 33023

Title VD
Name RAMSARAN, ALLAN B.S
Address 13899 BISCAYNE BLVD ,SUITE 132
City-State-Zip: NORTH MIAMI BEACH FL 33181

Title DIRECTOR
Name DOLCY, JOSEPH
Address 513 NE 132 TERRACE
City-State-Zip: MIAMI FL 33161

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: JOHNSON ODIBI

STD

04/28/2021

Electronic Signature of Signing Officer/Director Detail

Date