

**2018 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: EILEEN M. RAMSARAN MD**

**PRESIDENT**

**04/18/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date