

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005096

Entity Name: NORTH MIAMI BEACH MEDICAL CENTER, INC.

Current Principal Place of Business:

1801 N.E. 123 STREET
SUITE 314
NORTH MIAMI , FL 33181

Current Mailing Address:

PO BOX 680158
MIAMI, FL 33168 US

FEI Number: 65-1032266

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

RAMSARAN, EILEEN
1403 HAYWORTH ROAD
PORT CHARLOTTE, FL 33952 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 1403 HAYWORTH ROAD
City-State-Zip: PORT CHARLOTTE FL 33952

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

Title VD
Name RAMSARAN, ALLAN B.S
Address 1403 HAYWORTH ROAD
City-State-Zip: PORT CHARLOTTE, FL 33952

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 RAMSARAN

PD

05/09/2024

Electronic Signature of Signing Officer/Director Detail

Date