#### **2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000005571

Entity Name: NURSING CONSORTIUM OF SOUTH FLORIDA, INC.

FILED
Jun 22, 2020
Secretary of State
5744230788CC

## **Current Principal Place of Business:**

5751 SW 58TH COURT SOUTH MIAMI. FL 33143-2349

# **Current Mailing Address:**

5751 SW 58TH COURT

SOUTH MIAMI. FL 33143-2349 US

FEI Number: 20-0065161 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

EGUES, RAFAEL JR. 5751 SW 58TH COURT SOUTH MIAMI, FL 33143-2349 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:

City-State-Zip:

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title PAST PRESIDENT Title DIRECTOR

Name DURBIN, MELISSA Name PAPA, DEBORAH

Address BOCA RATON REGIONAL HOSPITAL Address MIAMI DADE COLLEGE

800 MEADOWS ROAD 950 NW 20TH STREET

City-State-Zip: BOCA RATON FL 33486 City-State-Zip: MIAMI FL 33127

Title DIRECTOR Title PRESIDENT

Name TEDDER, DEBORAH Name SHINN, JINEAL

Address NORTHWEST MEDICAL CENTER Address JOE DIMAGGIO CHILDREN'S

2801 N STATE RD 7 HOSPITAL

MARGATE FL 33063

City-State-Zip: HOLLYWOOD FL 33021

Title PRESIDENT-ELECT

Name SUAREZ, MARIA A.

Address BHSF MIAMI CANCER INSTITUTE

Name DELFIN, SHELLY

Address BHSF MIAMI CANCER INSTITUTE 8900 N KENDALL DRIVE Address MEMORIAL REGIONAL HOSPITAL

City-State-Zip: MIAMI FL 33176

3501 JOHNSON STREET
City-State-Zip: HOLLYWOOD FL 33021

Title DIRECTOR City-State-Zip: HOLLTWOOD FL 330

Name DUNNE, W. JASON Title DIRECTOR

Address CHAMBERLAIN UNIVERSITY Name GARCIA, ALBERTO 2300 SW 145TH AVENUE

City-State-Zip: MIRAMAR FL 33027 AVENUE

1901 SW 172 AVENUE

DIRECTOR

City-State-Zip: MIRAMAR FL 33029

### Continues on page 2

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: RAFAEL EGUES, JR. EXECUTIVE DIRECTOR 06/22/2020

Electronic Signature of Signing Officer/Director Detail

Date

#### Officer/Director Detail Continued:

DIRECTOR Title Title DIRECTOR

GEORGE DALMIDA, SAFIYA GUEVARA, KATTY Name Name

Address FLORIDA ATLANTIC UNIVERSITY Address **DOCTORS HOSPITAL** 5000 UNIVERSITY DRIVE

777 GLADES ROAD

City-State-Zip: BOCA RATON FL 33431 City-State-Zip: CORAL GABLES FL 33146

**TREASURER** Title **SECRETARY** Title Name MASELLA, JOANNE Name SEAVER, JEAN

Address NOVA SOUTHEASTERN UNIVERSITY Address **BROWARD HEALTH** 

11501 NORTH MILITARY TRAIL 1608 SE 3RD AVENUE - 2ND FLOOR

PALM BEACH GARDENS FL 33410 FORT LAUDERDALE FL 33316 City-State-Zip: City-State-Zip:

Title DIRECTOR Title **EXECUTIVE DIRECTOR** 

VIEITO-SMITH, ELIZABETH L. Name Name EGUES, RAFAEL JR.

Address UNIVERSITY OF MIAMI HOSPITALS & CLINICS Address 5751 SW 58TH COURT

1475 NW 12 AVENUE ROOM 403 City-State-Zip: SOUTH MIAMI FL 33143-2349

MIAMI FL 33136 City-State-Zip: