

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001630

**Entity Name:** SOCIETY FOR INFORMATION MANAGEMENT, SOUTH  
FLORIDA CHAPTER, INC.

**FILED**  
**Apr 29, 2025**  
**Secretary of State**  
**5749667905CC**

**Current Principal Place of Business:**

ATTN: NANDISH PATEL  
1314 E LAS OLAS BLVD #2082  
FT. LAUDERDALE, FL 33301

**Current Mailing Address:**

ATTN: NANDISH PATEL  
1314 E LAS OLAS BLVD #2082  
FT. LAUDERDALE, FL 33301 US

**FEI Number: 27-0142215**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

SIM SOUTH FLORIDA  
ATTN: NANDISH PATEL  
1314 E LAS OLAS BLVD #2082  
FT. LAUDERDALE, FL 33301 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: PATRICK WRIGHT**

**04/29/2025**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NANDISH, PATEL    PRESIDENT  
Address        ATTN: NANDISH PATEL  
                  1314 E LAS OLAS BLVD #2082  
City-State-Zip: FT. LAUDERDALE FL 33301

Title            VP  
Name            NATALIE, PEREZ  
Address        ATTN: NATALIE PEREZ  
                  1314 E LAS OLAS BLVD #2082  
City-State-Zip: FT. LAUDERDALE FL 33301

Title            TREASURER  
Name            LAURA, DECKER  
Address        ATTN: LAURA DECKER  
                  1314 E LAS OLAS BLVD #2082  
City-State-Zip: FT. LAUDERDALE FL 33301

*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: LAURA DECKER**

**TREASURER**

**04/29/2025**

Electronic Signature of Signing Officer/Director Detail

Date