

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18000009617

Entity Name: MONARCH HEALTH SERVICES, INC**Current Principal Place of Business:**2580 METROCENTRE BLVD
SUITE 1
WEST PALM BEACH, FL 33407**Current Mailing Address:**2580 METROCENTRE BLVD
SUITE 1
WEST PALM BEACH, FL 33407 US**FEI Number:** 35-2640151**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BAKER, DAMION
7922 SIENNA SPRINGS DRIVE
LAKE WORTH, FL 33463 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 TREASURER
Name MICHEL, KARL DR.
Address 1401 N CONGRESS AVE
 101
City-State-Zip: WEST PALM BEACH FL 33407

Title DIRECTOR
Name LEE-MCLEAN, CHRISTINE P DR
Address 6281 NW 53RD ST
City-State-Zip: CORAL SPRINGS FL 33067

Title CEO
Name BAKER, DAMION
Address 7922 SIENNA SPRINGS DRIVE
City-State-Zip: LAKE WORTH FL 33463

Title DIRECTOR
Name BROWN, CHARMAINE
Address 5080 B ELMHURST ROAD
City-State-Zip: WEST PALM BEACH FL 33417

Title CHAIRMAN
Name MACCARTHY, TRICIA
Address 3199 E COMMUNITY DRIVE
City-State-Zip: JUPITER FL 33458

Title DIRECTOR
Name JACKSON OLGIVIE, NASHIKA
Address 4142 ONEGA CIRCLE
City-State-Zip: WEST PALM BEACH FL 33409

Title SECRETARY
Name SANDY, BOISROND
Address P.O. BOX 640131
City-State-Zip: MIAMI FL 33164

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: DAMION BAKER

CEO

02/16/2022

Electronic Signature of Signing Officer/Director Detail

Date