

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N19000003988

Entity Name: FLORIDA DECIDES HEALTHCARE, INC.

Current Principal Place of Business:

275 NE 18 ST
#202
MIAMI, FL 33132

Current Mailing Address:

PO BOX 10829
TALLAHASSEE, FL 32302 US

FEI Number: 83-4438724

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

OSCARIZ, AIDIL
275 NE 18 ST #202
MIAMI, FL 33132 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 DIRECTOR
Name UNTIEDT, WHITNEY
Address PO BOX 14-5415
City-State-Zip: CORAL GABLES FL 33114

Title DIRECTOR
Name DARIUS, SCOTT
Address PO BOX 14-5415
City-State-Zip: CORAL GABLES FL 33114

Title DIRECTOR
Name HENDERSON, ARMEN
Address PO BOX 14-5415
City-State-Zip: CORAL GABLES FL 33114

Title TREASURER
Name HARTMANN, KENNETH
Address PO BOX 14-5415
City-State-Zip: CORAL GABLES FL 33114

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: KENNETH HARTMANN

TREASURER

03/01/2024

Electronic Signature of Signing Officer/Director Detail

Date