

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47443

Entity Name: ACHE OF SOUTH FLORIDA, INC.**Current Principal Place of Business:**515 E LAS OLAS BLVD FL 5
FORT LAUDERDALE, FL 33301**Current Mailing Address:**11528 W STATE ROAD 84 #550733
DAVIE, FL 33325 US**FEI Number:** 65-0316561**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KRAMER, JEFFREY
515 E LAS OLAS BLVD FL 5
5TH FLOOR
FORT 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:** JEFFREY KRAMER

02/22/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	OGUNRINDE, OYINKANSOLA
Address	11528 W STATE ROAD 84 #550733
City-State-Zip:	DAVIE FL 33325

Title	PRESIDENT - ELECT
Name	KATZ MERLUCCI, JENNA
Address	11528 W STATE ROAD 84 #550733
City-State-Zip:	DAVIE FL 33325

Title	TREASURER
Name	RIOS, RALPH
Address	11528 W STATE ROAD 84 #550733
City-State-Zip:	DAVIE FL 33325

Title	TREASURER - ELECT
Name	PALANZA, KRISTEN
Address	11528 W STATE ROAD 84 #550733
City-State-Zip:	DAVIE FL 33325

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: RALPH RIOS

TREASURER

02/22/2022

Electronic Signature of Signing Officer/Director Detail

Date