

2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P01000014288

Entity Name: DELRAY MEDICAL CENTER, INC.

Current Principal Place of Business:

14201 DALLAS PKWY
DALLAS, TX 75254

Current Mailing Address:

14201 DALLAS PKWY
DALLAS, TX 75254 US

FEI Number: 75-2922687

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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 P
Name GILL, MARGARET M.
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title S
Name MACK, KRISTINA A
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title DIRECTOR
Name SMITH, SHARILEE
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title ASST. TREASURER
Name TAYLOR, KRISTIN A.
Address 14201 DALLAS PKWY
City-State-Zip: DALLAS TX 75254

Title COO
Name HAVERICAK, HEATHER
Address 5352 LINTON BLVD.
City-State-Zip: DELRAY BEACH FL 33484

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KRISTINA A. MACK

SECRETARY

05/30/2024

Electronic Signature of Signing Officer/Director Detail

Date