

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000056063

Entity Name: FORT LAUDERDALE HOSPITAL, INC.**Current Principal Place of Business:**1601 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301**Current Mailing Address:**1601 EAST LAS OLAS BOULEVARD
FORT LAUDERDALE, FL 33301 US**FEI Number:** 20-1021229**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VP
Name	FILTON, STEVE
Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	PRESIDENT
Name	PETERSON, MATT
Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	T
Name	RAMAGANO, CHERYL K
Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406

Title	SEC
Name	KLEIN, MATTHEW D
Address	367 S. GULPH RD.
City-State-Zip:	KING OF PRUSSIA PA 19406

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: STEVE FILTON

VICE PRESIDENT

04/29/2024

Electronic Signature of Signing Officer/Director Detail_____
Date