

**2024 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000056063

**Entity Name:** FORT LAUDERDALE HOSPITAL, INC.

**Current Principal Place of Business:**

5757 N DIXIE HIGHWAY  
OAKLAND PARK, FL 33334

**Current Mailing Address:**

5757 N DIXIE HIGHWAY  
OAKLAND PARK, FL 33334 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 FULTON, 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 FULTON

**VICE PRESIDENT**

**04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date