

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000002289

FILED
Apr 29, 2023
Secretary of State
5142038375CC

Entity Name: CENTRE FOR PATIENT SAFETY AND DISEASE MANAGEMENT, INC.

Current Principal Place of Business:

4440 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4440 PGA BOULEVARD
SUITE 600
PALM BEACH GARDENS, FL 33410 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SCHREIBER, CRAIG
4440 PGA BLVD
SUITE 600
PALM BEACH GARDENS, FL 33410 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, S
Name SCHREIBER, CRAIG
Address 4440 PGA BOULEVARD
STE 600
City-State-Zip: PALM BEACH GARDENS FL 33410

Title VP
Name SCHECHTER, DINA
Address 4440 PGA BOULEVARD
SUITE 600
City-State-Zip: PALM BEACH GARDENS FL 33410

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: CRAIG SCHREIBER

PRESIDENT

04/29/2023

Electronic Signature of Signing Officer/Director Detail

Date