

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000089675

Entity Name: BRIGHT HEALTHCARE COMPANY OF FLORIDA, INC.**Current Principal Place of Business:**1560 SAWGRASS CORPORATE PARKWAY, SUITE 200
SUNRISE, FL 33323**Current Mailing Address:**1560 SAWGRASS CORPORATE PARKWAY, SUITE 200
SUNRISE, FL 33323 US**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 D
Name MATUSHAK, JAY
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name VALDIVIA, TOMAS
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name BRYT , BARTLEY A
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title CFO
Name MATUSHAK, JAY
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title D
Name LYFORD, GEORGE
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title DIRECTOR
Name CRAIG, JEFF
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title CEO, PRESIDENT
Name MATUSHAK, JAY
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

Title SECRETARY
Name LYFORD, GEORGE
Address 1560 SAWGRASS CORPORATE
PARKWAY, SUITE 200
City-State-Zip: SUNRISE FL 33323

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: LYFORD GEORGE**SECRETARY****04/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date