## 2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 843940** 

Entity Name: BAHAMASAIR HOLDINGS LIMITED, INC.

**Current Principal Place of Business:** 

DOCTOR'S HOSPITAL WEST BUILDING C, BLAKE ROAD NASSAU,

**Current Mailing Address:** 

201 SOUTH BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131 US

FEI Number: 98-0018342 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PENNEKAMP, J. MICHAEL ESQ. 201 SOUTH BISCAYNE BLVD. 20TH FLOOR MIAMI, FL 33131 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:

Date Electronic Signature of Registered Agent

**FILED** Apr 30, 2025

Secretary of State

7123667823CC

Officer/Director Detail:

Title MANAGING DIRECTOR Title CORPORATE SECRETARY Name COOPER, TRACY J. Name FERGUSON, CHRISTINA

BUILDING C, DOCTORS HOSPITAL BUILDING C, DOCTORS HOSPITAL Address Address

> WEST WEST

**BLAKE ROAD BLAKE ROAD** 

NASSAU NASSAU City-State-Zip: City-State-Zip:

**CHAIRMAN** Title Title **DEPUTY CHAIRMAN** PRATT, TANYA Name DAVIS, DWAYNE A. Name

BUILDING C, DOCTORS HOSPITAL BUILDING C, DOCTORS HOSPITAL Address Address

> WEST WEST

**BLAKE ROAD BLAKE ROAD** 

City-State-Zip: NASSAU City-State-Zip: NASSAU

Title SENIOR TREASURER Title MANAGER-ACCOUNTS PAYABLE

Name TURNQUEST, ALTHEA Name MAJOR, NIKEL

BUILDING C, DOCTORS HOSPITAL BUILDING C, DOCTORS HOSPITAL Address Address

WEST WEST

**BLAKE ROAD BLAKE ROAD** 

City-State-Zip: NASSAU City-State-Zip: NASSAU

Title **DEPUTY DIRECTOR U.S.** Title CFO **OPERATIONS** 

Name BOURNE, DAYAN Name COLLIE, JULIAN

BUILDING C, DOCTORS HOSPITAL Address Address BUILDING C, DOCTORS HOSPITAL WEST

WEST **BLAKE ROAD BLAKE ROAD** 

NASSAU City-State-Zip: City-State-Zip: NASSAU

Continues on page 2 e and that my electronic signature shall have the same legal effect as if made under I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic s 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.

MANAGING DIRECTOR 04/30/2025 SIGNATURE: TRACY J. COOPER

## Officer/Director Detail Continued:

Title SENIOR FINANCIAL ACCOUNT
Name MCKENZIE-PALMER, FRERISHIA

Address BUILDING C, DOCTORS HOSPITAL WEST

BLAKE ROAD

City-State-Zip: NASSAU