

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012001

Entity Name: COMMUNITY HEALTH NETWORKS OF BROWARD, INC.

Current Principal Place of Business:

1700 NW 49TH STREET
FORT LAUDERDALE, FL 33309

Current Mailing Address:

1700 NW 49TH STREET
FORT LAUDERDALE, FL 33309 US

FEI Number: 88-2256957

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GERALD DEL AMO, ESQ.
1800 NW 49TH STREET
FORT LAUDERDALE, FL 33309 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 CHAIRMAN
Name SPENCER, WILLIAM C
Address 1700 NW 49TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name BATES, CHRISTOPHER H
Address 1700 NW 49TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title D
Name PETROCELLI, RICO
Address 1700 NW 49TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title VC
Name HERNANDEZ, MARIA
Address 1700 NW 49TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

Title SECRETARY
Name ROBERTS, KANDACE
Address 1700 NW 49TH STREET
City-State-Zip: FORT LAUDERDALE FL 33309

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: /S/ WILLIAM SPENCER

CHAIRMAN

04/23/2024

Electronic Signature of Signing Officer/Director Detail

Date