

2025 Form 6F - Final Full and Public Disclosure of Financial Interests

Filed with COE: 08/06/2025

General Information

Name: Aharon Elizer Sareli

PID 309219

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 02/23/2025

AGENCY INFORMATION

Organization	Suborganization	Title
South Broward Hospital District	Employees	Chief Physician Executive MPE

Net Worth

My Net Worth as of February 23, 2025 was \$ 3,980,000.00.

Assets

Household goods and personal effects may be reported in a lump sum if their aggregate value exceeds \$1,000. This category includes any of the following, if not held for investment purposes: jewelry; collections of stamps, guns, and numismatic items; art objects; household equipment and furnishings; clothing; other household items; and vehicles for personal use, whether owned or leased.

The aggregate value of my household goods and personal effect is \$ 100,000.00.

ASSETS INDIVIDUALLY VALUED AT OVER \$1,000:

Description of Asset	Value of Asset
primary residence	\$ 2,000,000.00
Ohio 529	\$ 130,000.00
Transamerica MHS retirement targeted retirement date funds 457b	\$ 448,000.00
Transamerica MHS retirement targeted retirement date funds 403b	\$ 633,000.00
Transamerica MHS retirement 457f	\$ 785,800.00
Transamerica MHS defined benefit plan	\$ 314,812.00

Liabilities**LIABILITIES IN EXCESS OF \$1,000:**

Name of Creditor	Address of Creditor	Amount of Liability
truist mortgage	214N Tryon St Ste 3, Charlotte, United Statess	\$ 249,557.00

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

Name of Creditor	Address of Creditor	Amount of Liability
N/A		

Please complete the following statement identifying each separate source and amount of income which exceeded \$1,000 received during the period from January 1, 2025, through the last date you held the office or position, including secondary sources of income.

Name of Source of Income Exceeding \$1,000	Address of Source of Income	Amount
Memorial Healthcare System salary	3501 Johnson Street Hollywood Florida 33496	\$ 230,533.00

Name of Business Entity	Name of Major Sources of Business' Income	Address of Source	Principal Business Activity of Source
N/A			

N/A

Signature of Reporting Official or Candidate

Under the penalties of perjury, I declare that I have read the foregoing Form 6F and that the facts stated in it are true.

Aharon Eliezer Sareli

Digitally signed: **08/06/2025**

Filed with COE: 08/06/2025