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

Filed with COE: 06/26/2026

General Information

Name: Candice Sareli MD

PID 266615

THE LAST DAY OF MY PUBLIC OFFICE OR POSITION WAS: 02/20/2025

AGENCY INFORMATION

Organization	Suborganization	Title
South Broward Hospital District	Employees	VP & Chief Medical Research Officer

Net Worth

My Net Worth as of February 20, 2025 was $ 2,000,000.00.

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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.

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	$ 1,000,000.00
Bank Account	$ 300,000.00
403B	$ 500,000.00
457B	$ 200,000.00

Liabilities

LIABILITIES IN EXCESS OF $1,000:

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

JOINT AND SEVERAL LIABILITIES NOT REPORTED ABOVE:

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

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Income

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.

PRIMARY SOURCES OF INCOME:

Name of Source of Income Exceeding $1,000	Address of Source of Income	Amount
Memorial Healthcare System	3501 Johnson Street, Holly wood FL 33021	$ 73,000.00

SECONDARY SOURCES OF INCOME (Major customers, clients, etc. of businesses owned by reporting person):

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

Interests in Specified Businesses

Business Entity # 1
N/A

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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.

Candice Sareli MD

Digitally signed: **06/26/2026**

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