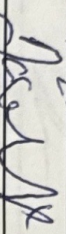
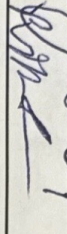
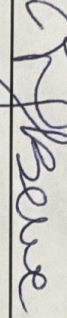
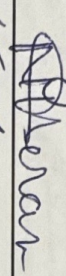
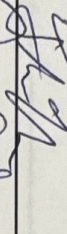
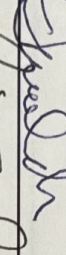
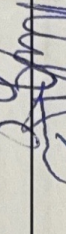
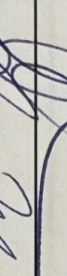
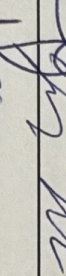
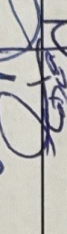
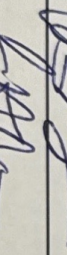
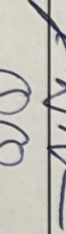
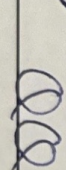
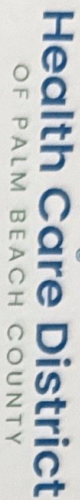


RFP 2025CM01 Pre-proposal Meeting Sign In Sheet

Participant Name	Signature	Firm Name	Email	Phone number
Patricia DeBride		MCO Construction	patricia@mcoconstruction.com	954-290-0046
Ten. Eric Huskaid		Skanska USA Building	eric.huskaid@skanska.com	339-357-0900
Robin Galanti		MOSS Construction	rgalanti@mooss.com	561-569-1968
Jason Mercer		Robins & Morton	jmercerc@robinsmorton.com	904-687-8646
Nelmae Boue		Barb Bar	nboue@barvandbar.com	954-553-4811
Nicole Heran		Barb Bar	nhهران@barvandbar.com	561-814-8364
Thomas Mauds		Edge Construction	thomas@edgeconstructionllc.com	954-794-7449
SHANE EDGER		D. STEPHENSON CONSTRUCTION	STEDGER@STEPHENSON.COM	954-899-8772
JOSEPH AND MELOIS		MOSS Construction	jmelius@mooss.com	561-358-7293
Manny Sampson		TURNER CONSTRUCTION	dsampson@tcco.com	617-312-2006
Trevor Surges		Whiting-Turner	Trevor.Surges@whiting-turner.com	954-553-4170
Mike Avni		Whiting-Turner	michael.avni@whiting-turner.com	954-658-7389
TEO SANCHEZ		CORE Const	TEO@CORECONSTRUCTION.COM	741-670-3333
Joaquin Fardales		EGSY Enterprises Inc.	joaquin.fardales@coreconstruction.com	305-984-3433
Mandy Lopez		Moss Construction	mlopez@tgsi.com	561-324-7445
Jennifer Maden		Barr & Barr Construction	JBH@barrandbarr.com	409-259-0206
Bill Hawthorne		Black Diamond GC, Inc.	JBH@blackdiamondgc.com	561-847-0650
ASAN NANCE		Softell	AN@softell.com	571-437-9034
Andres Alvarez		Softell	AA@softell.com	571-437-9034

[illegible]



Health Care District
OF PALM BEACH COUNTY

RFP 2025CM01 Pre-proposal Meeting Sign In Sheet

[illegible]



Participant Name	Signature	Firm Name	Email	Phone number
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