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Secretary of State
05-16-2007 90164 001 ***122.50

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N94000005419

1. Entity Name
SCHOTT MEMORIAL CENTER, INC.

Principal Place of Business	Mailing Address
6591 S.W. 124TH AVE. FT. LAUDERDALE, FL 33330	6591 S.W. 124TH AVE. FT. LAUDERDALE, FL 33330

66019013

05012007 No Chg-NP CR2E037 (4/06)

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4. FEI Number
65-0556524
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FITZGERALD, J. PATRICK
110 MERRICK WAY, STE. 3B
CORAL GABLES, FL 33134

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DR.
NAME	BALCERSKI, JUDY
STREET ADDRESS	6591 S. FLAMINGO RD
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	ATD
NAME	MCCONNEL, ROBERT
STREET ADDRESS	8698 TIERRA LAGO DRIVE
CITY-ST-ZIP	COOPER CITY, FL 33330
TITLE	D
NAME	MINNAUGH, VICKI
STREET ADDRESS	17905 NW 15 ST
CITY-ST-ZIP	PEMBROKE PINES, FL 330293136
TITLE	PD
NAME	SCHOTT, GREGG
STREET ADDRESS	201 E 5TH ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	D
NAME	ARISTY, JUAN
STREET ADDRESS	4215 S.W. 33RD DR.
CITY-ST-ZIP	HOLLYWOOD, FL 33023
TITLE	D
NAME	PIRIZ, J.E.
STREET ADDRESS	3501 JOHNSON ST
CITY-ST-ZIP	HOLLYWOOD, FL

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARGARET JOHNSON 4-13-2007 954-434-3306
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

Margaret Johnson