

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 13, 2018
Secretary of State
CC7387263808

Entity Name: SAMARITAN HEALTH AND WELLNESS CENTER, INC.

Current Principal Place of Business:

643 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904

Current Mailing Address:

643 CAPE CORAL PARKWAY
CAPE CORAL, FL 33904 US

FEI Number: 46-0922358

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HOOK, SUSAN K
643 CAPE CORAL PARKWAY
CAPE CORAL, FL 33991 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 DIRECTOR
Name THOMAS, COTTRELL
Address 15210 MANNING ST
City-State-Zip: LEO IN 46765

Title DIRECTOR
Name HOOK, STEVEN C
Address 3415 OASIS BLVD
City-State-Zip: CAPE CORAL FL 33914

Title SECRETARY
Name OLSON, MADELYN DR
Address 1612 NW 9 ST
City-State-Zip: CAPE CORAL FL 33993

Title TREASURER
Name TOLMEN, HILLARY
Address 4638 SE 5TH PLACE
City-State-Zip: CAPE CORAL FL 33904

Title DIRECTOR
Name SMITH, JANAN
Address 1200 S 60TH ST
City-State-Zip: WEST DES MOINES IA 50266

Title DIRECTOR
Name MILOFF, MARK
Address 643 CAPE CORAL PARKWAY
City-State-Zip: CAPE CORAL FL 33904

Title PRESIDENT
Name ROSS, JAMES H
Address 3918 SW 22 PL
City-State-Zip: CAPE CORAL FL 33914

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: HILLARY TOLMEN

TREASURER

03/13/2018

Electronic Signature of Signing Officer/Director Detail

Date