

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011194

**FILED**  
**Apr 13, 2023**  
**Secretary of State**  
**1364371777CC**

**Entity Name:** SAMARITAN HEALTH AND WELLNESS CENTER, INC.

**Current Principal Place of Business:**

643 CAPE CORAL PARKWAY EAST  
UNIT B  
CAPE CORAL, FL 33904

**Current Mailing Address:**

643 CAPE CORAL PARKWAY EAST  
UNIT B  
CAPE CORAL, FL 33904 US

**FEI Number:** 46-0922358

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOOK, SUSAN K  
643 CAPE CORAL PARKWAY EAST  
UNIT B  
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 HOOK, SUSAN C  
Address 2210 SW 22 TERR  
City-State-Zip: CAPE CORAL FL 33991

Title PRESIDENT  
Name TOLMEN, HILLARY  
Address 630 NW 15TH WAY, BELL FLORIDA  
32619  
City-State-Zip: CAPE CORAL FL 33909

Title DIRECTOR  
Name UYENO, JOANNE  
Address 5518 HARBOUR PRESERVE CIRCLE  
City-State-Zip: CAPE CORAL FL 33914

Title DIRECTOR  
Name FURLONG, BRETT  
Address 1306 SW 18 ST  
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR  
Name O'BERSKI, DAN  
Address 3940 ROGERS STREET, FORT  
MYERS, FL 33901  
SUITE 13  
City-State-Zip: ESTERO FL 33928

Title DIRCTOR  
Name PAUL , MEEUWSEN  
Address 13013 LAPIS CT  
City-State-Zip: FORT MYERS FL 33913

Title OFFICER  
Name JANET, MAIOCCO  
Address 530 21ST SW  
City-State-Zip: NAPLES FL 34117

Title PRACTICE MANAGER  
Name COMPTON, MICHAEL  
Address 643 CAPE CORAL PKWY EAST  
B  
City-State-Zip: CAPE CORAL FL 33904

*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:** MICHAEL COMPTON

**PRACTICE MANAGER**

**04/13/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date