

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000011194

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

**FILED**  
**Feb 03, 2021**  
**Secretary of State**  
**6599134938CC**

**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: No**

**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, STEVEN C  
Address        3415 OASIS BLVD  
City-State-Zip: CAPE CORAL FL 33914

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

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

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

*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**

**PRESIDENT**

**02/03/2021**

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

\_\_\_\_\_  
Date