

2024 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N12000011194

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: 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 CEO
Name HOOK, SUSAN C
Address 643 CAPE CORAL PARKWAY EAST SUITE B
City-State-Zip: CAPE CORAL FL 33904

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

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

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

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

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

Title DIRECTOR
Name ZUYEV, NIKOLAY
Address 1801 ST 12TH LN
City-State-Zip: CAPE CORAL FL 33991

Title DIRECTOR
Name GONZALEZ, NELVAN
Address 4110 ST 7TH PLACE
City-State-Zip: CAPE CORAL FL 33914

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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

06/06/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'BERSKI, SUSAN
Address 3922 ROGERS ST
City-State-Zip: FORT MYERS FL 33901