

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000004112

**Entity Name:** SAMARITANS 365 FOUNDATION, INC.

**Current Principal Place of Business:**

20283 SR 7  
SUITE 106  
BOCA RATON, FL 33498

**Current Mailing Address:**

20283 SR 7  
SUITE 106  
BOCA RATON, FL 33498 US

**FEI Number: 46-5633031**

**Certificate of Status Desired: No**

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

SAMARITANS365  
20283 SR 7  
SUITE 106  
BOCA RATON, FL 33498 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: ANDREW REISS**

**02/22/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            REISS, LAURA  
Address        11865 PRESERVATION LN  
City-State-Zip: BOCA RATON FL 33498

Title            SECRETARY  
Name            REISS, ANDREW  
Address        11865 PRESERVATION LANE  
City-State-Zip: BOCA RATON FL 33498

Title            TREASURER  
Name            REISS, ANDREW  
Address        11865 PRESERVATION LANE  
City-State-Zip: BOCA RATON FL 33498

Title            VP  
Name            COHEN, MELISSA ORLEN ESQ.  
Address        11749 WATERCREST LN.  
City-State-Zip: BOCA RATON FL 33498

Title            DIRECTOR  
Name            REISS, ANDREW M.D.  
Address        11865 PRESERVATION LANE  
City-State-Zip: BOCA RATON FL 33498

Title            VP  
Name            GERSTEIN, SANDRA TAUB  
Address        19244 NATURES VIEW COURT  
City-State-Zip: BOCA RATON FL 33498

Title            DIRECTOR  
Name            FAERMAN, SUMMER SCHWARTZ  
Address        1495 SW 13TH STREET  
City-State-Zip: BOCA RATON FL 33486

*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: LAURA W. REISS**

**PRESIDENT**

**02/22/2020**

Electronic Signature of Signing Officer/Director Detail

Date