

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000004557

**Entity Name:** OCD CENTRAL AND SOUTH FLORIDA, INC.

**Current Principal Place of Business:**

7900 GLADES ROAD  
615  
BOCA RATON, FL 33434

**FILED**  
**Apr 04, 2024**  
**Secretary of State**  
**5201528979CC**

**Current Mailing Address:**

SUITE 420  
615  
BOCA RATON, FL 33434 US

**FEI Number: 81-2586247**

**Certificate of Status Desired: No**

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

JACOB, MARNI  
7900 GLADES ROAD  
615  
BOCA RATON, FL 33434 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: MARNI JACOB**

**04/04/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	AL
Name	SPIELMAN, JASON
Address	2233 N. COMMERCE PKWY #3
City-State-Zip:	WESTON FL 33326
Title	S
Name	STEWART, LINDSAY PH.D.
Address	915 MIDDLE RIVER DRIVE, SUITE 408
City-State-Zip:	FORT LAUDERDALE FL 33304
Title	AL
Name	DHOLAKIA, RASHESH
Address	251 MAITLAND AVE 304
City-State-Zip:	ALTAMONTE SPRINGS FL 32701
Title	MARKETING CHAIR
Name	MERLING, LORI
Address	1401 FORUM WAY 500
City-State-Zip:	WEST PALM BEACH FL 33401

Title	PRESIDENT
Name	JACOB, MARNI PH.D.
Address	SUITE 420 615
City-State-Zip:	BOCA RATON FL 33434
Title	VP
Name	MERRICKS, KATIE PHD
Address	2653 MCCORMICK DRIVE
City-State-Zip:	CLEARWATER FL 33759
Title	TREASURER
Name	AITKEN, LORI
Address	1207 NORTH HIMES AVENUE 4
City-State-Zip:	TAMPA FL 33607
Title	OCD WALK CO-CHAIR
Name	AMENDOLACE, BLAISE
Address	5301 NORTH FEDERAL HIGHWAY 270
City-State-Zip:	BOCA RATON FL 33487

**Continues on page 2**

*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: LORI AITKEN**

**TREASURER**

**04/04/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title AL  
Name RABINOWITS, MARCIA  
Address 7301 SOUTHWEST 57TH COURT  
565  
City-State-Zip: SOUTH MIAMI FL 33143

Title AL  
Name RODDICK, GWILYM  
Address 1309 EAST ROBINSON STREET  
City-State-Zip: DEERFIELD BEACH FL 33442