

**2023 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 22, 2023**  
**Secretary of State**  
**9717111024CC**

**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**

**04/22/2023**

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 PRESIDENT  
Name JACOB, MARNI PH.D.  
Address SUITE 420 615  
City-State-Zip: BOCA RATON FL 33434

Title TREASURER  
Name BRAND, JOSEPH PH.D.  
Address 7900 GLADES ROAD 420  
City-State-Zip: BOCA RATON FL 33434

Title S  
Name STEWART, LINDSAY PH.D.  
Address 915 MIDDLE RIVER DRIVE, SUITE 408  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VP  
Name MERRICKS, KATIE PHD  
Address 2653 MCCORMICK DRIVE  
City-State-Zip: CLEARWATER FL 33759

Title AL  
Name DHOLAKIA, RASHESH  
Address 251 MAITLAND AVE 304  
City-State-Zip: ALTAMONTE SPRINGS FL 32701

Title ASST. TREASURER  
Name AITKEN, LORI  
Address 1207 NORTH HIMES AVENUE 4  
City-State-Zip: TAMPA FL 33607

Title MARKETING CHAIR  
Name MERLING, LORI  
Address 1401 FORUM WAY 500  
City-State-Zip: WEST PALM BEACH FL 33401

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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: JOSEPH BRAND**

**TREASURER**

**04/22/2023**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           OCD WALK CO-CHAIR  
Name           AMENDOLACE, BLAISE  
Address        5301 NORTH FEDERAL HIGHWAY  
                  270  
City-State-Zip: BOCA RATON FL 33487

Title           AL  
Name           SOSNICK, ADAM  
Address        100 JERICHO QUADRANGLE  
                  300  
City-State-Zip: JERICHO NY 11753

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