

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N43029

Entity Name: THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATION, INC.**FILED**
May 01, 2018
Secretary of State
CC7052354973**Current Principal Place of Business:**AT GOOD SAMARITAN MEDICAL CENTER
1309 N. FLAGLER DRIVE, 5TH FLOOR
WEST PALM BEACH, FL 33401**Current Mailing Address:**5005 LBJ FREEWAY #526
DALLAS, TX 75244 US**FEI Number: 65-0254225****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: ROSEMARIE GAGLIARDINO****05/01/2018**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TREASURER
Name LAUGHLIN, HEATHER
Address 1309 NORTH FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33410

Title SECRETARY
Name ORAN, AMY
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

Title VP
Name GARROWIT, STACEY
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name ABRAMSON, PATRICIA
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name LIST, KAREN
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

Title PRESIDENT
Name WEISS, JILL
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

Title DIRECTOR
Name LYNN, LEVY
Address AT GOOD SAMARITAN MEDICAL CENTER
 1309 N. FLAGLER DRIVE, 5TH FLOOR
City-State-Zip: WEST PALM BEACH FL 33401

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: JILL WEISS**PRESIDENT****05/01/2018**

