

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

DOCUMENT# N43029

**FILED  
Jun 30, 2020  
Secretary of State  
4019975552CC**

**Entity Name:** THE SOUTH FLORIDA CHAPTER OF THE KOMEN FOUNDATION, INC.

**Current Principal Place of Business:**

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**

**06/30/2020**

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

Title           DIRECTOR  
Name           UTTON, JASON  
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

*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: AMY SIEGEL ORAN**

**PRESIDENT**

**06/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date