

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005419

Entity Name: SCHOTT MEMORIAL CENTER, INC.**Current Principal Place of Business:**6591 S. FLAMINGO ROAD
COOPER CITY, FL 33330**Current Mailing Address:**6591 S. FLAMINGO ROAD
COOPER CITY, FL 33330**FEI Number:** 65-0556524**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FITZGERALD, J. PATRICK
110 MERRICK WAY, STE. 3B
CORAL GABLES, FL 33134 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	SCHOTT, GREGG
Address	5811 PELICAN BAY BLVD, STE 102
City-State-Zip:	NAPLES FL 34108

Title	DIRECTOR
Name	RAMIREZ-CUELI, ILEANA
Address	14610 DADE PINE AVE
City-State-Zip:	MIAMI LAKES FL 33014

Title	D
Name	ROUKAS, DAMARYS L
Address	7400 STIRLING RD 412
City-State-Zip:	HOLLYWOOD FL 33024

Title	ST
Name	ROBERTS, THERESE M
Address	804 2 LAS OLAS BLVD
City-State-Zip:	FT LAUDERDALE FL 33312

Title	D
Name	REMENTERIA, JOSE A
Address	1800 N MILITARY TRAIL SUITE
City-State-Zip:	BOCA RATON FL 33431-1666

Title	D
Name	DOYLE, KATHLEEN R
Address	1800 N MILITARY TR SUITE 200
City-State-Zip:	BOCA RATON FL 33431-6386

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: ILEANA RAMIREZ-CUELI**EXE. DIRECTOR****01/28/2019**

Electronic Signature of Signing Officer/Director Detail

Date