

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90267 004 ****61.25

DOCUMENT # 727136

1. Entity Name

SAMARITAN CENTER OF SOUTH FLORIDA, INC.

Principal Place of Business

Mailing Address

**1417 SE 4TH ST
 FT. LAUDERDALE FL 33301**

**1417 SE 4TH ST
 FT. LAUDERDALE FL 33301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1488563

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LARRISON, WILLIAM
 1417 SE 4TH STREET
 FT LAUDERDALE FL 33304**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 MOSTAD, CAROL
 169 EAST HAMPTON HWY
 JUPITER FL 33458** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CD
 BONNER, GEORGE
 4264 HYACINTH CIRCLE S
 PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**DIRECTOR
 BONNER, GEORGE
 4264 HYACINTH CIRCLE S.
 PALM BEACH GARDENS, FL 33418** ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 LARRISON, WILLIAM
 2280 QUAIL RIDGE NORTH
 PALM BEACH GARDENS FL 33418** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 GOVER, RAY
 2137 NE 58TH ST
 FORT LAUDERDALE FL 33308** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SECRETARY OF BOARD
 HAUN, TWYLA
 1743 N.E. 28TH STREET
 FORT LAUDERDALE, FL 33334** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 SEYFERT, JOHN MD
 487 NO OCEAN DRIVE #3
 DEERFIELD BEACH FL 33441** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VICE CHAIRPERSON
 GEORGE KENoyer
 729 N.W. 82ND. AVENUE
 CORAL SPRINGS, FL 33071** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 JENKINS, NORMA
 3050 NE 47TH COURT
 FORT LAUDERDALE FL 33308** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**CHAIRPERSON
 JENKINS, NORMA
 3050 N.E. 47TH COURT # 206
 FORT LAUDERDALE, FL 33308** ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM LARRISON

4/30/02

954-463-2273

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)