

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90959 043 \*\*\*\*\*61.25

**DOCUMENT # 727136**

1. Entity Name

**SAMARITAN CENTER OF SOUTH FLORIDA, INC.**



Principal Place of Business

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

Mailing Address

**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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>MOSTAD, CAROL</b> <b>169 EAST HAMPTON HWY</b> <b>JUPITER FL 33458</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BONNER, GEORGE</b> <b>4264 HYACINTH CIRCLE SO</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LARRISON, WILLIAM</b> <b>2260 QUAIL RIDGE NORTH</b> <b>PALM BEACH GARDENS FL 33418</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>HAUN, TWYLAH</b> <b>1743 NE 28TH STREET</b> <b>FORT LAUDERDALE FL 33334</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEYFERT, JOHN MD</b> <b>487 NO OCEAN DRIVE #3</b> <b>DEERFIELD BEACH FL 33441</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>JENKINS, NORMA</b> <b>3050 NE 47TH COURT #206</b> <b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>GAILE BOOMHOWER</b> <b>2801 N.E. 40TH STREET</b> <b>Lighthouse Point FL 33064</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>REV. STUART DUGAN</b> <b>401 S.E. 15TH AVENUE</b> <b>FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RUSSELL (NEESE) GARDNER</b> <b>2412 N.E. 14TH STREET</b> <b>FORT LAUDERDALE FL 33304</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ROLAND MOLINET, M.D.</b> <b>12 N.E. 12 AVENUE</b> <b>FORT LAUDERDALE, FL 33301</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**SIGNATURE REQUIRED**

**4/22/03 954-463-2273**

CR2E037 (10/02)