

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2001 8:00 am
Secretary of State

02-06-2001 90284 025 ****61.25

DOCUMENT # 758555

1. Entity Name

SOUTHEAST FLORIDA SOCIETY FOR HEALTHCARE MATERIALS MGMT

Principal Place of Business

% CORAL SPRINGS MED. CET
MATERIS SERVICES. 3000 CORAL HILLS DR
CORAL SPRINGS FL 33065
US

Mailing Address

% CORAL SPRINGS MED. CET
MATERIS SERVICES. 3000 CORAL HILLS DR
CORAL SPRINGS FL 33065
US

2. Principal Place of Business

NORTH BROWARD HOSPITAL DISTRICT

3. Mailing Address

Suite, Apt. #, etc.

1608 SE 3 AVENUE

City & State

FORT LAUDERDALE, FLORIDA

Zip

33316

Country

USA

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DOLAN, PETER
% CORAL SPRINGS MED. CET
MATERIS SERVICES, 3000 CORAL HILLS DR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **ANDREW SIMON**

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

12200 PARK DRIVE

City

COOPER CITY

FL

Zip Code

33026

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

TITLE **SD** ☒ Delete
NAME **LLOYD, KAY**
STREET ADDRESS **1608 SE 3 AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE **VD** ☐ Delete
NAME **SIMON, ANDREW**
STREET ADDRESS **12200 PARK DR**
CITY-ST-ZIP **COOPER CITY FL 33026**

TITLE **PD** ☐ Delete
NAME **DOLAN, PETER**
STREET ADDRESS **923 S.E. 16TH PLACE**
CITY-ST-ZIP **DEERFIELD FL 33441**

TITLE **T** ☐ Delete
NAME **VICTORES, MIGUEL**
STREET ADDRESS **1608 SE 3RD AVE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33316**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **SD** ☐ Change ☒ Addition
NAME **JERI FARRELL**
STREET ADDRESS **1608 SE 3 AVE**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33316**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE **VD** ☐ Change ☒ Addition
NAME **JOHN MATEKA**
STREET ADDRESS **3501 JOHNSON STREET**
CITY-ST-ZIP **HOLLYWOOD, FL 33021**

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

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]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-01

Date

954-847-4216

Daytime Phone #

CR2E037 (10/00)