

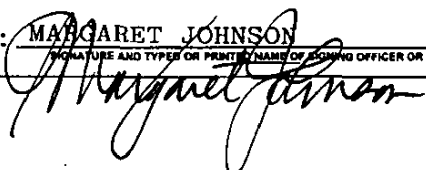


**FILED**  
**Jun 13, 2007 8:00 am**  
**Secretary of State**

05-16-2007 90164 001 \*\*\*122.50

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # N13141</b> 1. Entity Name <b>SCHOTT MEMORIAL CENTER FOUNDATION, INC.</b>		
Principal Place of Business <b>6591 SW 124TH AVE FT. LAUDERDALE, FL 33330 US</b>	Mailing Address <b>6591 SW 124TH AVE FT. LAUDERDALE, FL 33330 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		<b>66019012</b> 
		05012007 No Chg-NP CR2E037 (4/06)
4. FEI Number <b>59-2798816</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>FITZGERALD, J. PATRICK 110 MERRICK WAY SUITE 2-C CORAL GABLES, FL 33134</b>		
<b>DO NOT WRITE IN THIS SPACE</b>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____		
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ANDERSON, ANDY 9401 BUSCAINE BLVD. MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR. DIPIETRO, OLIVER 1045-95TH STREET STE 100 BAY HARBOR ISLANDS, FL 33154	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ARISTY, JUAN 4215 S.W. 33RD DRIVE HOLLYWOOD, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHOTT, R GREG 201 EAST 5TH ST, #1750 CINCINNATI, OH 45202	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNELL, ROBERT 7716 COLONY LAKE DRIVE BOYNTON BEACH, FL 33436	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOTT, STEPHEN 201 EAST 5TH ST CINCINNATI, OH 45202	
<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <b>MARGARET JOHNSON</b> 		<b>4-13-2007</b> <b>954-434-3306</b> <small>Date Daytime Phone</small>