

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005419

FILED
Jan 19, 2012
Secretary of State

Entity Name: SCHOTT MEMORIAL CENTER, INC.

Current Principal Place of Business:

6591 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Principal Place of Business:

Current Mailing Address:

6591 S. FLAMINGO ROAD
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 65-0556524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITZGERALD, J. PATRICK
110 MERRICK WAY, STE. 3B
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: FITZGERALD, MICHAEL
Address: PO BOX 6246
City-St-Zip: CHARLOTTESVILLE, VA 22906

Title: ATD
Name: MCCONNEL, ROBERT
Address: 8698 TIERRA LAGO COVE
City-St-Zip: LAKE WORTH, FL 33467

Title: M
Name: CASALE, FRANK
Address: 2880 CARDINAL DR
City-St-Zip: COOPER CITY, FL 33026

Title: PD
Name: SCHOTT, GREGG
Address: 5811 PELICAN BAY BLVD, STE 102
City-St-Zip: NAPLES, FL 34108 27

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

Title: D
Name: LEVY, LAWRENCE
Address: 19442 SW 39TH STREET
City-St-Zip: MIRAMAR, FL 33029

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: FRANK CASALE

DIR

01/19/2012

Electronic Signature of Signing Officer or Director

Date