1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N95000005715

1. Corporation Name

SAMARITAN CENTER OF MIAMI, INC.

Principal Place of Business C/O ST. SIMON'S EPISCOPAL CHURCH 10950 SW 34TH ST. MIAMI FL

2. Principal Place of Business

21

Mailing Address

10950 SW 34 ST MIAMI FL 33165

2a. Mailing Address

US

26

FILED Apr 29, 1999 8:00 am § Secretary of State

04-29-1999 90144 004 ****61.25



3. Date Incorporated or Qualifed

12/01/1995

41							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	Applied For	
22					65-0637214	Not Applicable	
City & State	9	City & State			5. Certificate of Status Desired	\$8.75 Additional	
23		28			- Colmoute of States Booked	Fee Required	
Zip	Country	Zip	Countr	у	6. Election Campaign Financing	\$5.00 May Be	
24	25	29 3	0		Trust Fund Contribution	Added to Fees	
	9. Name and Address of Current	Registered Agent	У		10. Name and Address of New Registered	Agent	
			8	1 Name			
CORBISHLEY, DEBORAH S				82 Street Address (P.O. Box Number is Not Acceptable)			
1100 MIAMI CENTER				Street Address (F.O. Box Number is Not Acceptable)			
201 S. BISCAYNE BLVD.				83			
			L				
MIAMI FL 33131-4327			8-	4 City	FL	85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered							
office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered							
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.							
SIGNATURE							
	Signature, typed or printed name of registered agent	<u> </u>	egistered Ag-	ent signature rec	ADDITIONS/CHANGES TO OFFICERS AN	IN DIRECTORS IN 12	
12.	· OFFICERS AND	D DIRECTORS	-	T.	<u> </u>	☐ Change Addition	
TITLE	0	C) pereie	1.1 TITLE			STD	
NAME	BRUMBAUGH, CAROLINE		1.2 NAME	1	14260 Old Cutter Road		
STREET ADDRESS	9050 SW 52 AVENUE		1.3 STRE			<i>'</i>	
CITY-ST-ZIP	MIAMI FL.		1.4 CITY-	ST-ZIP	miami, FL 33158		
TITLE	DP	☐ DELETE	2.1 TITLE	(DOGAN (CHANGE E) TAMOR	Change Addition	
NAME	CLARK, MARION		2.2 NAME	: l(MICHA ATHINA DAY IV	777124	
STREET ADDRESS	8601 CARIBBEAN BOULEVARD	•	2.3 STRE	ET ADDRESS	NF97°Y 12171	i believi	
CITY-ST-ZIP	MIAMI FL		2.4 CITY	ST-ZIP	100 1 1 C B 3 73 3 V	··	
TITLE	D	DELETE	3.1 TITLE	1	DSECALO FERNANDEZ	☐ Change	
NAME	BUSTO, MERCEDES		3.2 NAME	.	5775 SW 31 street		
STREET ADDRESS	370 MINOREA AVE		3.3 STRE	ET ADDRESS	5 772 30 313		
	CORAL GABLES FL 33134		3.4. CITY-	ST ZID	Mi mi, FL 33155	,	
CITY-ST-ZIP	D	DELETE	4.1 TITLE			∴ _{Change	
	SAPP. JANE	X	4. 2 NAME		The second secon	****	
NAME			1	ET ADDRESS		\	
STREET ADDRESS	11396 SW 86TH LANE						
CITY-ST-ZIP	MIAMI FL 33173	DELETE	4.4 CITY- 5.1 TITLE		<u> </u>	Change A Addition	
TITLE	D	□ nerele	5.1 IVILE 5.2 NAME	- 1	D GWEN WARNER		
NAME	PEDROREDONDO, JOSE	•	L	- {	GWEN WAGNER 5600 SW93 STreet		
STREET ADDRESS	1150 NW 72 AVENUE SUITE 45	U		ET ADORESS	_		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-		MIAMUFL 33156		
TITLE	.D 、	DELETE	6.1 TITLE	-	I The Rev. Charles E. Taylor	☐ Change	
NAME	SANKOWS, ROSA		6.2 NAME	Į.			
STREET ADDRESS	4160 SW 99 AVE NW		6.3 STRE	ET ADDRESS	2598 Taluga Drive	<i>;</i>	
CITY-ST-ZIP	MIAMI FI		6.4 CITY-		Mich FL 33/33	·	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: