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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000000313 (4)

1. Corporation Name

THE GROUP CITY EMERGENCY MEDICAL SERVICE COALITI  
ON OF BROWARD COUNTY, FLORIDA, INC.

Principal Place of Business

400 NW 73RD AVE  
PLANTATION FL 33317

Mailing Address

400 NW 73RD AVE  
PLANTATION FL 33317-16093. Date Incorporated or Qualified  
01/17/19963a. Date of Last Report  
N/A

4. FEI Number

☒ Applied For  
☒ Not Applicable5. Certificate of Status Desired ☒\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOSIAS, STEVEN L  
3099 E COMMERCIAL BLVD SUITE 200  
FT LAUDERDALE FL 33308

81 Name

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

83

84 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME SOMMERER, JOHN  
STREET ADDRESS 9551 W SAMPLE RD  
CITY - ST - ZIP CORAL SPRINGS FL 33075TITLE D ☒ DELETE  
NAME GIULIANTI, MARA  
STREET ADDRESS 2600 HOLLYWOOD BLVD  
CITY - ST - ZIP HOLLYWOOD FL 33021TITLE D ☒ DELETE  
NAME LIEBERMAN, ILENE  
STREET ADDRESS 2000 CITY HALL DR  
CITY - ST - ZIP LAUDERHILL FL 33313TITLE D ☐ DELETE  
NAME VELTRI, FRANK  
STREET ADDRESS 400 NW 73RD AVE  
CITY - ST - ZIP PLANTATION FL 33317TITLE D ☐ DELETE  
NAME CONLAN, MARJORIE J  
STREET ADDRESS 6700 MIRAMAR PARKWAY  
CITY - ST - ZIP MIRAMAR FL 33023TITLE D ☐ DELETE  
NAME SKOLNICK, HERB  
STREET ADDRESS 100 W ATLANTIC BLVD  
CITY - ST - ZIP POMPANO BEACH FL 33060

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME P/D  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME V/D  
2.3 STREET ADDRESS Arthur Bross,  
2.4 CITY - ST - ZIP 5790 Margate Boulevard  
Margate, Florida 330633.1 TITLE ☐ Change ☒ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Alice Riederfeld  
3.4 CITY - ST - ZIP 2000 City Hall Drive  
Lauderhill, Florida 333134.1 TITLE ☒ Change ☐ Addition  
4.2 NAME T/D  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME S/D  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/97

Date

Daytime Phone # 0036643

CR2E037 (9/96)