

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 20, 1999 8:00 am
Secretary of State

07-20-1999 90031 036 ****61.25

DOCUMENT # N96000000313

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



2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/17/1996

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

GOREN, SAMUEL S
3099 EAST COMMERCIAL BLVD
STE 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 ☐ DELETE

NAME
PD
SOMMERER, JOHN
STREET ADDRESS
9551 W SAMPLE RD
CITY-ST-ZIP
CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
VD
BROOS, ARTHUR
STREET ADDRESS
5790 MARGATE BLVD.
CITY-ST-ZIP
MARGATE FL

TITLE ☒ DELETE

NAME
D
REDERFELD, ALICE
STREET ADDRESS
2000 CITY HALL DRIVE
CITY-ST-ZIP
LAUDERHILL FL

TITLE ☐ DELETE

NAME
TD
VELTRI, FRANK
STREET ADDRESS
400 NW 73RD AVE
CITY-ST-ZIP
PLANTATION FL

TITLE ☐ DELETE

NAME
SD
SKOLNICK, HERB
STREET ADDRESS
100 W ATLANTIC BLVD
CITY-ST-ZIP
POMPANO BEACH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
VD
SOMMERER, JOHN
1.3 STREET ADDRESS
9551 W. Sample Road
1.4 CITY-ST-ZIP
Coral Springs, FL 33065

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
PD
BROSS, ARTHUR
2.3 STREET ADDRESS
5790 Margate Blvd.
2.4 CITY-ST-ZIP
Margate, FL 33063

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR J. BROOS

Date

7/15/99 (954) 972-6404

Daytime Phone #

CR2E037 (5/99)

N46000000313
592280-90031

JOSIAS, GOREN, CHEROF, DOODY & EZROL, P.A.

ATTORNEYS AT LAW

SUITE 200

3099 EAST COMMERCIAL BOULEVARD
FORT LAUDERDALE, FLORIDA 33308

TELEPHONE (954) 771-4500

FACSIMILE (954) 771-4923

STEVEN L. JOSIAS
SAMUEL S. GOREN
JAMES A. CHEROF
DONALD J. DOODY
KERRY L. EZROL

MICHAEL D. CIRULLO, JR.
JULIE F. KLAHR
MARCIA BEACH
PETER J. BOBER

July 16, 1999

Secretary of State
State of Florida
Annual Reports Filings
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

RE: The Group City Emergency Medical Service Coalition
Of Broward County, Florida, Inc.

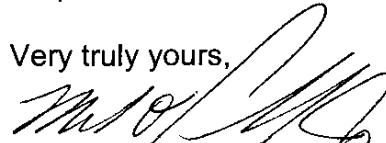
Dear Madam:

Enclosed herewith please find the following:

1. The Annual Report of the above-referenced entity to be filed in your records.
2. Check No. 1027 from the corporation in the amount of \$61.25 as and for filing fees.

Please file this annual report in your records and should you have any questions or require any additional information, please do not hesitate to contact our office.

Very truly yours,



MICHAEL D. CIRULLO, JR.

CC: Arthur Bross, President

MDC:ms

Encs

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