

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90035 029 \*\*\*\*61.25

**DOCUMENT # N96000000313**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GOREN, SAMUEL S  
 3099 EAST COMMERCIAL BLVD  
 STE 200  
 FT LAUDERDALE FL 33308**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Delete  
 NAME **SOMMERER, JOHN**  
 STREET ADDRESS **9551 W SAMPLE RD**  
 CITY-ST-ZIP **CORAL SPRINGS FL 33065**

TITLE **TD** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **PD** ☐ Delete  
 NAME **BROOS, ARTHUR**  
 STREET ADDRESS **5790 MARGATE BLVD.**  
 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ Change ☐ Addition  
 NAME **BROSS, ARTHUR**  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☐ Delete  
 NAME **CONLAN, MARJORIE**  
 STREET ADDRESS **6700 MIRAMAR PARKWAY**  
 CITY-ST-ZIP **MIRAMAR, FL 33023**

TITLE **VD** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-30-02**

CR2E037 (9/01)