


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90045 014 \*\*\*\*61.25

|  |   |
|--|---|
| <b>DOCUMENT # N96000000313</b>   |  |
| 1. Entity Name<br><b>THE GROUP CITY EMERGENCY MEDICAL SERVICE<br/>COALITION OF BROWARD COUNTY, FLORIDA, INC.</b> |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>5790 MARGATE BLVD.<br/>MARGATE, FL 33063</b> | Mailing Address<br><b>5790 MARGATE BLVD.<br/>MARGATE, FL 33063</b> |
|--|--|

14003351



|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

02182004 Chg-NP CR2E037 (10/03)

|  |  |
|--|--|
| 4. FEI Number<br><b>NOT APPLICABLE</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|--|

|   |                                |
|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

|  |  |  |  |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent                                    |  | 7. Name and Address of New Registered Agent  |  |
| GOREN, SAMUEL S<br>3099 EAST COMMERCIAL BLVD<br>STE 200<br>FT LAUDERDALE, FL 33308 |  | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

| 10. OFFICERS AND DIRECTORS                     |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|--|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | TD<br>SOMMERER, JOHN<br>9551 W SAMPLE RD<br>CORAL SPRINGS, FL 33065 <input checked="" type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PD<br>BROSS, ARTHUR<br>5790 MARGATE BLVD.<br>MARGATE, FL 33063 <input type="checkbox"/> Delete                 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VD<br>MARJORIE, J. CONLAN<br>6700 MIRAMAR PARKWAY<br>MIRAMAR, FL 33023 <input type="checkbox"/> Delete         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

S.T.  
Cindi Hytchinson  
100 North Andrews Avenue  
Ft Lauderdale, FL 33301

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: **ARTHUR BROSS, PRESIDENT**  **9/7/04 (954) 922 6654**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #