2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000000313

1. Entity Name
THE GROUP CITY EMERGENCY MEDICAL SERVICE COALITION OF BROWARD COUNTY, FLORIDA, INC.

Principal Place of Business	Mailing Address
5790 MARGATE BLVD. MARGATE, FL 33063	5790 MARGATE BLVD. MARGATE, FL 33063

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01272006 No Chg-NP CR2E037 (11/05)

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

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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BROSS, ARTHUR
STREET ADDRESS	5790 MARGATE BLVD.
CITY-ST-ZIP	MARGATE, FL 33063
TITLE	VD
NAME	CONLAN, MARJORIE J
STREET ADDRESS	6700 MIRAMAR PARKWAY
CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	ST
NAME	HUTCHINSON, CINDI
STREET ADDRESS	100 NORTH ANDREWS AVE.
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/06-80071-013 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Cindi Hutchinson 2-8-06 954-828-5004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #