

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2007 8:00 am
Secretary of State

04-03-2007 90006 048 ****61.25

DOCUMENT # N96000000313

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



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

Mailing Address
5790 MARGATE BLVD.
MARGATE, FL 33063

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

03212007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2007**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BROSS, ARTHUR	
STREET ADDRESS	5790 MARGATE BLVD.	
CITY-ST-ZIP	MARGATE, FL 33063	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	CONLAN, MARJORIE J	
STREET ADDRESS	6700 MIRAMAR PARKWAY	
CITY-ST-ZIP	MIRAMAR, FL 33023	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HUTCHINSON, CINDI	
STREET ADDRESS	100 NORTH ANDREWS AVE.	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOPER, JOY	
STREET ADDRESS	400 South Federal Highway	
CITY-ST-ZIP	Hallandale Beach, FL 33009	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 _____ **3-23-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #