

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90340 047 \*\*\*\*61.25

**DOCUMENT # N96000000313**

1. Entity Name

**THE GROUP CITY EMERGENCY MEDICAL SERVICE COALITION OF BROWARD COUNTY, FLORIDA, INC.**



Principal Place of Business

~~400 NW 76RD AVE  
PLANTATION FL 33317~~

Mailing Address

~~400 NW 73RD AVE  
PLANTATION FL 33317~~

2. Principal Place of Business

**5790 MARGATE BOULEVARD**

3. Mailing Address

**5790 MARGATE BOULEVARD**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MARGATE, FLORIDA**

City & State

**MARGATE, FLORIDA**

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

Zip

**33063**

Country

**USA**

Zip

**33063**

Country

**USA**

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. 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

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

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

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

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

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 **MARJORIE J. CONLAN**  
STREET ADDRESS **6700 MIRAMAR PARKWAY**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☒ Change ☐ Addition  
NAME **MARJORIE J. CONLAN**  
STREET ADDRESS **6700 MIRAMAR PARKWAY**  
CITY-ST-ZIP **MIRAMAR FL 33023**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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:

*Arthur J. Bross*

Arthur J. Bross

4-17-03

954-972-6454

CR2E037 (10/02)

*Attachment*  
GOREN, CHEROF, DOODY & EZROL, P.A.

ATTORNEYS AT LAW

SUITE 200

3099 EAST COMMERCIAL BOULEVARD

FORT LAUDERDALE, FLORIDA 33308

SAMUEL S. GOREN  
JAMES A. CHEROF  
DONALD J. DOODY  
KERRY L. EZROL  
MICHAEL D. CIRULLO, JR.

TELEPHONE (954) 771-4500

FACSIMILE (954) 771-4923

JULIE F. KLAHR  
LINDSEY A. PAYNE  
DAVID N. TOLCES  
MICHAEL J. PAWELCZYK

STEVEN L. JOSIAS, OF COUNSEL

APRIL 24, 2003

CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
7002 2030 0003 7065 1323

Florida Department of State  
Division of Corporations  
Uniform Business Report  
P.O. Box 1500  
Tallahassee, FL 32302-1500

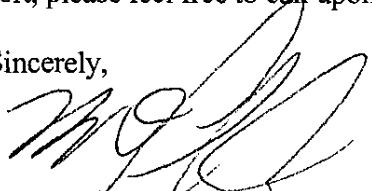
Re: 2003 Uniform Business Report ("UBR")  
The Group City Emergency Medical Service  
Coalition of Broward County, Florida, Inc.  
Document #N96000000313

Dear Sir/Madam:

Enclosed, please find the 2003 Uniform Business Report for the above-referenced corporation along with Check No. 12101 in the amount of \$61.25, to cover the filing fee required by law.

I would appreciate your filing this document, and if I can provide you with additional information or clarification of any matter contained in the Report, please feel free to call upon me.

Sincerely,

  
MICHAEL D. CIRULLO, JR.

MDC:aw

Enclosure(s)