

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740113

Entity Name: THE MORIKAMI, INC.**Current Principal Place of Business:**4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446**Current Mailing Address:**4000 MORIKAMI PARK ROAD
DELRAY BEACH, FL 33446**FEI Number:** 59-1767023**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**BLACKMAN, DON
4000 MORIKAMI PARK RD
DELRAY BEACH, FL 33446 US*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:** DON BLACKMAN

01/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name BAKER, RANDAL J
Address 791 PARK OF COMMERCE BLVD
City-State-Zip: BOCA RATON FL 33487

Title TREASURER
Name DEMOTT, DANIEL
Address 2875 SOUTH OCEAN BLVD.
 200
City-State-Zip: PALM BEACH FL 33480

Title SECOND VICE PRESIDENT
Name PATRICIA, LIEHR PHD
Address FAU, LYNNE COLLEGE OF NURSING
 777 GLADES ROAD
City-State-Zip: BOCA RATON FL 33431

Title VP
Name FRANK, SCHNIDMAN
Address 111 EAST LAS OLAS BLVD
 HEC 1008A
City-State-Zip: FORT LAUDERDALE FL 33301

Title VP
Name MIHORI, JAMES
Address P.O. BOX 34
City-State-Zip: DELRAY BEACH FL 33447

Title AD
Name LEMAY, BONNIE W
Address 4000 MORIKAMI PARK ROAD
City-State-Zip: DELRAY BEACH FL 33446

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: BONNIE W LEMAY**ADMINISTRATOR**

01/07/2014

Electronic Signature of Signing Officer/Director Detail

Date