FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 705005 (7)

1. Corporation Name

FLORIDA MEDICAL FOUNDATION

Principal Place of Business	Mailing Address
760 RIVERSIDE AVENUE P.O. BOX 2411 JACKSONVILLE FL 32203	760 RIVERSIDE AVENUE P.O. BOX 2411 JACKSONVILLE FL 32203

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

3. Date Incorporated or Qualified: **11/30/1959**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **59-1276743** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JONES, DONALD C.
760 RIVERSIDE AVENUE
JACKSONVILLE FL 32203

10. Name and Address of New Registered Agent

81 Name: AMOROSINO, CHARLES S., JR.

82 Street Address (P.O. Box Number is Not Acceptable): 123 South Adams

83

84 City: Tallahassee, FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] Charles S. Amorosino, Jr. DATE: 8/1/96

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

12. OFFICERS AND DIRECTORS

TITLE	PD	☒ DELETE
NAME	SMITH, ALVIN	
STREET ADDRESS	63 SANDCASTLE DR	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	VD	☒ DELETE
NAME	EBERLY, ARTHUR	
STREET ADDRESS	303 SE 17TH ST	
CITY-ST-ZIP	FT LADUERDALE FL	
TITLE	D	☒ DELETE
NAME	JONES, DONALD C	
STREET ADDRESS	760 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILL E	
TITLE	VD	☒ DELETE
NAME	SCHILD, A. FREDERICK MD	
STREET ADDRESS	1500 NW 12TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	☐ DELETE
NAME	BAGBY, RICHARD J MD	
STREET ADDRESS	12105 BROOKFIELD CLUB DR	
CITY-ST-ZIP	ROSWELL GA	
TITLE	STD	☐ DELETE
NAME	HAYES, CHARLES P JR.,MD	
STREET ADDRESS	2005 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	500001938105	☐ Change ☐ Addition
12 NAME	-08/22/96--01092--036	
13 STREET ADDRESS	***61.25	
14 CITY-ST-ZIP		
21 TITLE	VICE PRESIDENT D	☐ Change ☒ Addition
22 NAME	MATHIS BECKER, M.D.	
23 STREET ADDRESS	201 NW 82nd AVE. #504	
24 CITY-ST-ZIP	PLANTATION, FL 33324	
31 TITLE	(EXECUTIVE V.P. & CEO) D	☐ Change ☒ Addition
32 NAME	AMOROSINO, CHARLES S., JR.	
33 STREET ADDRESS	123 South Adams	
34 CITY-ST-ZIP	Tallahassee, Fl 32301	
41 TITLE	SECRETARY D	☐ Change ☒ Addition
42 NAME	FARMER, FRANK, JR., M.D.	
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	PRESIDENT D	☒ Change ☐ Addition
52 NAME		
53 STREET ADDRESS	4138 SHORECREST DRIVE	
54 CITY-ST-ZIP	ORLANDO, FL 32804	
61 TITLE	TREASURER D	☒ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Charles S. Amorosino, Jr. 8/1/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #