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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 32203-2411

3. Date Incorporated or Qualified: 11/30/1959
3a. Date of Last Report: 08/22/1996

2. Principal Place of Business
21 123 South Adams Street
Suite, Apt. #, etc.
22 P.O. Box 10269
City & State
23 Tallahassee, FL
Zip 24: 32302 Country 25: Leon

2a. Mailing Address
26 123 South Adams Street
Suite, Apt. #, etc.
27 P.O. Box 10269
City & State
28 Tallahassee, FL
Zip 29: 32302 Country 30: Leon

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

AMOROSINO, CHARLES S JR
123 SOUTH ADAMS
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: Donald F. Foy, Sr.
82 Street Address (P.O. Box Number is Not Acceptable): 123 South Adams Street
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 Donald F Foy Jr. DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BECKER, MATHIS M.D.		1.2 NAME		
STREET ADDRESS	201 NW 82ND AVE #504		1.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CITY-ST-ZIP		
TITLE	EVPD	☐ DELETE	2.1 TITLE	EVPD	☒ Change ☐ Addition
NAME	AMOROSINO, CHARLES S JR		2.2 NAME	Donald F. Foy, Sr.	
STREET ADDRESS	123 SOUTH ADAMS		2.3 STREET ADDRESS	123 South Adams Street	
CITY-ST-ZIP	TALLAHASSEE FL 32301		2.4 CITY-ST-ZIP	Tallahassee, FL 32301	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FARMER, FRANK		3.2 NAME		
STREET ADDRESS	570 MEMORIAL CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	BAGBY, RICHARD J MD		4.2 NAME	Alvin E. Smith, M.D.	
STREET ADDRESS	4138 SHORECREST DRIVE		4.3 STREET ADDRESS	2032 John Anderson Drive	
CITY-ST-ZIP	ORLANDO FL 32804		4.4 CITY-ST-ZIP	Ormond Beach, FL 32176	
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	HAYES, CHARLES P JR.,MD		5.2 NAME	Barbara Harty-Golder	
STREET ADDRESS	2005 RIVERSIDE AVE		5.3 STREET ADDRESS	3663 Bee Ridge Road	
CITY-ST-ZIP	JACKSONVILLE FL		5.4 CITY-ST-ZIP	Sarasota, FL 34233	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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 [illegible]