

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705005

FILED
Feb 24, 2009
Secretary of State

Entity Name: FLORIDA MEDICAL FOUNDATION

Current Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1276743

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, KIMBERLY S VP
123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EVP
123 S. ADAMS ST
TALLAHASSEE, FL 32301 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: TIMOTHY J. STAPLETON, EVP

02/24/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AGLIANO, DENNIS S MD
Address: 5105 N ARMENIA AVENUE
City-St-Zip: TAMPA, FL 33603

Title: ST () Delete
Name: CHOUINARD, KAREN
Address: 2110 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP () Delete
Name: SCOTT, KIMBERLY S
Address: 123 S. ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: ASPERILLA, MARIANITO O MD
Address: 3300 TAMiami TRAIL, SUITE 102A
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: VP (X) Change () Addition
Name: STAPLETON, TIMOTHY J
Address: 123 S. ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY J. STAPLETON

EVP

02/24/2009

Electronic Signature of Signing Officer or Director

Date