


FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90208 042 ****61.25

0067968

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # 769552

1. Corporation Name
MEMORIAL MEDICAL, INC.

Principal Place of Business 1700 S. TAMIAMI TRAIL SARASOTA FL 34239	Mailing Address 1700 S. TAMIAMI TRAIL SARASOTA FL 34239
---	---

* 536224 - 90208 - 42 *



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/26/1983
Suite, Apt. #, etc. 22	Attn: J. Hugh Middlebrooks 27	4. FEI Number 59-2426502
City & State 23	City & State Sarasota, FL 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent COVERT, MICHAEL H 1700 S TAMIAMI TRAIL SARASOTA FL 34239	10. Name and Address of New Registered Agent 81 Name J. Hugh Middlebrooks, Esq. 82 Street Address (P.O. Box Number is Not Acceptable) 200 S. Orange Ave. 83 84 City Sarasota FL 85 Zip Code 34236
---	--

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]* DATE 3/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBERTSON, DON	1.2 NAME	
STREET ADDRESS	4136 WOODVIEW DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34232	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVERT, MICHAEL H	2.2 NAME	
STREET ADDRESS	1700 S. TAMIAMI TRAIL	2.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, GERALD	3.2 NAME	
STREET ADDRESS	1354 HARBOR DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COBB, PHYLLIS	4.2 NAME	
STREET ADDRESS	761 JOHN RINGLING BLVD #A5	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34236	4.4 CITY-ST-ZIP	
TITLE	VCD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSS, MARTIN	5.2 NAME	
STREET ADDRESS	1535 HARBOR DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34239	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with an other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Michael H. Covert, President

CR2E037 (1/198)