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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 # **770390** **(3)**

1. Corporation Name

HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business	Mailing Address
C/O CAROL JOHNSTON 12395 CORTEZ BLVD BROOKSVILLE FL 34613 US	C/O CAROL JOHNSTON 12395 CORTEZ BLVD BROOKSVILLE FL 34613-5631 US

3. Date Incorporated or Qualified: 09/23/1983
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21 ___ Suite, Apt #, etc. 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address — 26 ___ Suite, Apt #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

4. FEI Number: 59-2471222 ☐ 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

MC CARRAGHER, SUSAN
12303 FILLMORE STREET
SPRING HILL FL 34607

10. Name and Address of New Registered Agent

81 Name: Gina Prespare
82 Street Address (P.O. Box Number is Not Acceptable): 9065 PRESPARE CT.
83
84 City: SPRING HILL **FL** 85 Zip Code: 34606

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] SUSAN McCARRAGHER 07/01/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PRESIDENT "D"	☒ Change ☐ Addition
NAME	MC CARRAGHER, SUSAN		1.2 NAME	GINA PRESPARE	
STREET ADDRESS	12303 FILLMORE STREET		1.3 STREET ADDRESS	9065 PRESPARE CT.	
CITY-ST-ZIP	SPRING HILL FL		1.4 CITY-ST-ZIP	SPRING HILL, FL, 34606.	
TITLE	PED	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	PRESPARE, GINA		2.2 NAME		
STREET ADDRESS	9065 PRESPARE CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	SPRING HILL FL		2.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	3.1 TITLE	MAUREEN SOLIMAN "D"	☒ Change ☐ Addition
NAME	AMARCHAND, MATILDE		3.2 NAME	VICE PRESIDENT	
STREET ADDRESS	1272 HENRY AVE		3.3 STREET ADDRESS	7533 JOMEL DR.	
CITY-ST-ZIP	SPRING HILL FL		3.4 CITY-ST-ZIP	SPRING HILL, FL, 34607	
TITLE	SD	☒ DELETE	4.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	SALINGER, MEG		4.2 NAME	SUSAN ROEBUCK	
STREET ADDRESS	5408 FERN DRIVE		4.3 STREET ADDRESS	6159 NEW OSPREY PT	
CITY-ST-ZIP	SPRING HILL FL		4.4 CITY-ST-ZIP	WEEKI WACHEE, FL, 34607	
TITLE	TD	☐ DELETE	5.1 TITLE	TREASURER "D"	☒ Change ☐ Addition
NAME	JOHNSTON, CAROL		5.2 NAME	SUSAN McCARRAGHER	
STREET ADDRESS	4501 HAITI DRIVE		5.3 STREET ADDRESS	14385 HUNT CLUB LN	
CITY-ST-ZIP	SPRING HILL FL		5.4 CITY-ST-ZIP	SPRING HILL, FL, 34609	
TITLE	SVPD	☐ DELETE	6.1 TITLE	VICE PRESIDENT	☑ Change ☐ Addition
NAME	SENNABAUM, KELLY		6.2 NAME	LAURA CARADONNA	
STREET ADDRESS	10353 VENTURA DRIVE		6.3 STREET ADDRESS	6161 WATERS WAY	
CITY-ST-ZIP	SPRING HILL FL		6.4 CITY-ST-ZIP	SPRING HILL, FL, 34609	

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 [signature]