2000 UNIFORM BUSINESS REPORT (UBR)

9/18/00-90036-015-$61.25-$61.25

DOCUMENT # 770390

1. Entity Name

HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC. P

FILED
00 OCT -2 PM 2:24
SECRETARY OF STATE

DO NOT WRITE IN THIS SPACE

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 US

2. Principal Place of Business	3. Mailing Address
c/o Susan McCarragher	c/o Susan McCarragher
Suite, Apt. #, etc.: 14385 Hunt Club Ln	Suite, Apt. #, etc.: 14385 Hunt Club Ln
City & State: Brooksville, Fl	City & State: Brooksville, Fl
Zip: 34609 Country: US.	Zip: 34609 Country: US

4. FEI Number: 59-2471222 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCCARRAGHER, SUSAN 14385 HUNT CLUB LN BROOKSVILLE FL 34609	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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: Susan McCarragher Susan McCarragher 9/13/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
After September 13, 2000 min. will be $236.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCCARRAGHER, SUSAN D 14385 HUNT CLUB LN BROOKSVILLE FL 34609	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD MAUREEN SOLIMAN D 7533 JOMEL DR SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KENNEDY, PATRICIA 5086 GOLF CLUB LN BROOKSVILLE FL 34609	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SUSAN MCCARRAGHER 14385 HUNT CLUB LN SPRING HILL FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Radha Kanuri, President P 1609 Waters Way Spring Hill, Fl, 34607	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	KE	☐ Change ☐ Addition

CR2E037 (5/00)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan McCarragher Susan McCarragher Sept 13/2000 352-848-0729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #