FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 10:55

DOCUMENT # N14651 (6)

1. Corporation Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI ON, INC.

Principal Place of Business	Mailing Address
4808 26TH ST. W. 2722 MANATEE AVENUE WEST BRADENTON FL 3407 US	P.O. BOX 14113 2722 MANATEE AVENUE WEST BRADENTON FL 34280 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/17/1986
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2730075 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RIEHL, MARY
4808 26TH ST W.
BRADENTON FL 34207

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ 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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	TURALBA, EVELYN	1.2 NAME	
STREET ADDRESS	5912 SHORE ACRES DR., N.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	DAY, ANN	2.2 NAME	
STREET ADDRESS	2611 BAY DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S. ☒ Change ☐ Addition
NAME	HARVEY, RENE	3.2 NAME	~~AS~~ ACOSTA, ANGELA
STREET ADDRESS	8317 9TH AVE. TER., N.W.	3.3 STREET ADDRESS	P.O. BOX 14447 N/A
CITY-ST-ZIP	BRADENTON FL	3.4 CITY-ST-ZIP	BRADENTON, FL. 34280
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	DEMETREE, SHARON	4.2 NAME	
STREET ADDRESS	1312 RIVERVIEW CIR. N.W.	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	WHALEY, SUE	5.2 NAME	
STREET ADDRESS	1203 62ND ST., N.W.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ROGERS, BETTY	6.2 NAME	
STREET ADDRESS	6500 RIVERVIEW BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Sharon Demetree, Treasurer — 2-20-95 — (813) 792-2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
SHARON DEMETREE

0041174