2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14651

1. Entity Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI

Principal Place of Business

Mailing Address

DOST DESICE BOY 14113

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90098 012 ****61.25

2722 MANATEE AVENUE WEST BRADENTON FL 34207 US			-2722 MANATEE AVENUE WEST BRADENTON FL 34280 US			11881111	(† 801)(84) Bible Bill) 81(8)			W 	
2. Principal P	lace of Busin	ness 12 Manarel	3. Mailing, Address	ו כו	Man aur	₩					
Suite, Apt. 480		th ST.W.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Stat		, , , , , , ,	City & State			4. FEI Number 59-2730075			Applied For Not Applicable		
Zip Country			Zip Coui		ntry	5. Certificate	of Status Desired		8.75 Add ee Required		
	6. Name	and Address of Current R		7. Name and Address of New Registered Agent							
				j	Name MA	lates Co	ustry Med	164 5	octet	7	i
COBBE, F	RASER				Street Address (P.O. Box Number is Not Acceptable)						
4808 26T	H ST W.				AGO	3-210-14	151.W		em	レ	
BRADENTON FL 34207					City 12	NA A diest	***	FL	Zip Code) 07	
P. Tho above	named entit	y submits this statement for	the nurnose of changing its	registere	ed office or regist	ered agent or bo	th, in the state of Flor		- - \ · - \ ^ -	201	•
SIGNATURE .	Signature, typed	or printed name of registered agent ar	nd title if applicable. (NOT)	E: Registered	d Agent signature requir	ed when reinstating)	T	DATE			
		NOW: \$61.25	Election Campaign Financin Trust Fund Contribution.		· _ +	\$5.00 May Be Added to Fees		Make Check Payable to Department of State			
10.		OFFICERS AND DIRI	CTORS	11.		ADDITIONS/CH	ANGES TO OFFICER				_
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Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida statutes. Find 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:

Daytime Phone #