

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

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AND
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95 APR 18 PM 3: 29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N36206 (3)
1. Corporation Name
AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

Principal Place of Business Mailing Address
**% MARY T. SPREHN
2862 O'HARA DRIVE
TALLAHASSEE FL 32308** **P.O. BOX 1736
TALLAHASSEE FL 32302**

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **01/22/1990** 3a. Date of Last Report **05/20/1994**

4. FEI Number **51-0172866** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **P.O. Box 1736** 26 **2862 O'HARA DR**

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

Suite, Apt. #, etc. 27
22 **TALLAHASSEE, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

City & State 28
23 **TALLAHASSEE, FL**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

Zip Country 24 **32308** 25 **LEON** 29 **32308** 30 **LEON**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**SPREHN, MARY T.
2862 O'HARA DRIVE
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent
81 Name **MARY T. SPREHN**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **2862 O'HARA DRIVE**
84 City **TALLAHASSEE** FL 85 Zip Code **32308**

I, Puruant 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 *Mary T. Sprehn* DATE **April 18, 1995**

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-------------------------------|
| TITLE | P |
| NAME | JORDAN, CAROL |
| STREET ADDRESS | 758 STONEHOUSE RD. |
| CITY - ST - ZIP | TALLAHASSEE FL 32301 |
| TITLE | D |
| NAME | GARNER, ROBERT L |
| STREET ADDRESS | 35 SW 27TH AVE. |
| CITY - ST - ZIP | MIAMI FL 33135 |
| TITLE | D |
| NAME | JOHNSON, JAN |
| STREET ADDRESS | TAMPA GENERAL HOSPITAL |
| CITY - ST - ZIP | TAMPA FL |
| TITLE | D |
| NAME | MOGIL, BARRY |
| STREET ADDRESS | 2180 SO. BELCHER RD. |
| CITY - ST - ZIP | LARGO FL 34641 |
| TITLE | D |
| NAME | SPREHN, MARY T |
| STREET ADDRESS | 2862 O'HARA DR. |
| CITY - ST - ZIP | TALLAHASSEE FL 32308 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | SAME |
| 13 STREET ADDRESS | 800001460228 |
| 14 CITY - ST - ZIP | 04/19/95 - 0105 Change 011 Addition *****68.75 *****68.75 |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | SAME |
| 23 STREET ADDRESS | SAME |
| 24 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | SAME |
| 33 STREET ADDRESS | SAME |
| 34 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | SAME |
| 43 STREET ADDRESS | SAME |
| 44 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | SAME |
| 53 STREET ADDRESS | SAME |
| 54 CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary T. Sprehn, Executive Director* 4/18/95 (904) 668-7267
MANUALLY WRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **MARY T. SPREHN** Date **4-18-95**