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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36206 (3)
1. Corporation Name
AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.



Principal Place of Business 2862 O'HARA DRIVE TALLAHASSEE FL 32308	Mailing Address P.O. BOX 1736 TALLAHASSEE FL 32302-1736
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3. Date Incorporated or Qualified 01/22/1990	3a. Date of Last Report 03/22/1996
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2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
Country	Country
24	29
25	30

4. FEI Number 51-0172866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
B1 Name **SAME**
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 Zip Code

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 *Mary T. Sprehn* **MARY T. SPREHN** DATE **1/29/97**

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
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	2190 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
1.1 TITLE			
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE			
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE			
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE			
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE			
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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: *Mary T. Sprehn* **MARY T. SPREHN** DATE **1/29/97** (904) 668-7269
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0008081

CRZE037 (9/96)