

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36206 (3)**  
f. Corporation Name  
**AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.**



Principal Place of Business <b>2962 O'HARA DRIVE TALLAHASSEE FL 32308</b>	Mailing Address <b>P.O. BOX 1736 TALLAHASSEE FL 32302</b>
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3. Date Incorporated or Qualified <b>01/22/1990</b>	
4. FEI Number <b>51-0172866</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>2862 O'HARA DR</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 1736</b> Suite, Apt. #, etc.
22 City & State 23 <b>TALLAHASSEE, FL</b>	27 City & State 28 <b>TALLAHASSEE, FL</b>
24 Zip <b>32308</b>	25 Country <b>USA</b>
29 Zip <b>32302</b>	30 Country <b>USA</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SPREHN, MARY T.  
2962 O'HARA DRIVE  
TALLAHASSEE FL 32308**

10. Name and Address of New Registered Agent

81 Name <b>N/A</b>	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City <b>FL</b>	85 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, Exec. Director* DATE *January 29, 1998*

Signatures, 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	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JORDAN, CAROL</b>	1.2 NAME	
STREET ADDRESS	<b>758 STONEHOUSE RD.</b>	1.3 STREET ADDRESS	<b>MEEK, TERRY</b>
CITY-ST-ZIP	<b>TALLAHASSEE FL 32301</b>	1.4 CITY-ST-ZIP	<b>3244 ARBOR HILL WAY TALLAHASSEE, FL 32308</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARNER, ROBERT L</b>	2.2 NAME	
STREET ADDRESS	<b>95 SW 27TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33135</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, JAN</b>	3.2 NAME	
STREET ADDRESS	<b>TAMPA GENERAL HOSPITAL</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAMPA FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOGIL, BARRY</b>	4.2 NAME	
STREET ADDRESS	<b>2190 SO. BELCHER RD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARGO FL 34641</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPREHN, MARY T</b>	5.2 NAME	
STREET ADDRESS	<b>2962 O'HARA DR.</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL 32308</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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* DATE: *January 29, 1998* (850) 668-7267

CP2E037 (10/97)