

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90048 029 ****61.25

0007671

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36206

1. Corporation Name
AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

Principal Place of Business
 2862 O'HARA DR
 TALLAHASSEE FL 32308
 US

Mailing Address
 P.O. BOX 1736
 TALLAHASSEE FL 32302



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2862 O'HARA DR.		26 P.O. Box 1736		01/22/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		51-0172866	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 TALLAHASSEE, FL		28 TALLAHASSEE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 32308 25 U.S.A.		29 32302 30 U.S.A.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SPREHN, MARY T. 2862 O'HARA DRIVE TALLAHASSEE FL 32308				81 Name N/A			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 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. Spohn, Executive Director* DATE *January 21, 1999*

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEEK, TERRY	1.2 NAME	
STREET ADDRESS	3244 ARBOR HILL WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARNER, ROBERT L	2.2 NAME	
STREET ADDRESS	35 SW 27TH AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, JAN	3.2 NAME	
STREET ADDRESS	TAMPA GENERAL HOSPITAL	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOGIL, BARRY	4.2 NAME	
STREET ADDRESS	2190 SO. BELCHER RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34641	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPREHN, MARY T	5.2 NAME	
STREET ADDRESS	2862 O'HARA DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32308	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, with all other like empowered.

SIGNATURE: *Mary T. Spohn* SIGNATURE REQUIRED *January 21, 1999* (850) 668-7269

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)