


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36206 1. Entity Name AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.			FILED 04 MAR 16 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Principal Place of Business 2862 O'HARA DR TALLAHASSEE, FL 32308 US		Mailing Address P.O. BOX 1736 TALLAHASSEE, FL 32302 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent SPREHN, MARY T. 2862 O'HARA DRIVE TALLAHASSEE, FL 32308		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		4. FEI Number 51-0172866	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEK, TERRY 3244 ARBOR HILL WAY TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pam Lesley P.O. Box 655 Crawfordville, FL 32326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, ROBERT L 35 SW 27TH AVE. MIAMI, FL 33135	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAN TAMPA GENERAL HOSPITAL TAMPA, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGIL, BARRY 2190 SO. BELCHER RD. LARGO, FL 34641	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPREHN, MARY T 2862 O'HARA DR. TALLAHASSEE, FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. 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 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: <i>Mary T. Sprehn</i>		DATE: 3/16/04	Daytime Phone #: (850) 668-7269