

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.26 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006353 (4)

1. Corporation Name

AMERICAN HERNIA SOCIETY, INC.

Principal Place of Business

Mailing Address

HERNIA INSTITUTE OF FLORIDA
6250 SUNSET DRIVE #200
MIAMI FL 33143

HERNIA INSTITUTE OF FLORIDA
6250 SUNSET DRIVE #200
MIAMI FL 33143

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/12/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 1811 Wycliff Drive
Suite, Apt. #, etc.

26 P. O. Box 536544
Suite, Apt. #, etc.

4. FEI Number

59-2301682

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State
23 Orlando, FL

City & State
28 Orlando, FL

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip Country
24 32803 25 Orange

Zip Country
29 32853 30 Orange

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, ARTHUR I. M.D.
6250 SUNSET DRIVE #200
MIAMI FL 33143

81 Name
SHELBURN M. WILKES

82 Street Address (P.O. Box Number is Not Acceptable)
1811 Wycliff Drive

83

84 City
Orlando

FL

85 Zip Code
32803-1933

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 Shelburn M. Wilkes

Signature, typed or printed name of registered agent and title if applicable

Shelburn M. Wilkes

(NOTE: Registered Agent signature required when reinstating)

8/18/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President (D) ☐ DELETE
NAME Arthur I. Gilbert, M.D.
STREET ADDRESS 6250 Sunset Drive, #200
CITY-ST-ZIP Miami, FL 33143

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE President-Elect (D) ☐ DELETE
NAME Raymond Read, M.D.
STREET ADDRESS 4300 West 7th Street
CITY-ST-ZIP Little Rock, AR 72205-5484

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE Secretary-Treasurer (D) ☐ DELETE
NAME Robert J. Fitzgibbons, M.D.
STREET ADDRESS Ste. 3740, 601 N. 30th St.
CITY-ST-ZIP Omaha, NE 68131

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE Executive Director (D) ☐ DELETE
NAME Shelburn Wilkes
STREET ADDRESS 1811 Wycliff Drive
CITY-ST-ZIP Orlando, FL 32803

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 Shelburn M. Wilkes

FILED
Sep 04 1997 8:00am
Secretary of State



CR2E037 (4/97)