

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jul 02, 1996 08:00 AM
Secretary of State

DOCUMENT # 766737 (1)

1. Corporation Name

FLORIDA ASSOCIATION OF MEDICAL EXAMINERS, INC.



Principal Place of Business

Mailing Address

1401 LUCERNE TERRACE
ORLANDO FL 32806-2014

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ORLANDO FL 32806-2014

59-3382621

3. Date Incorporated or Qualified
01/27/1983

3a. Date of Last Report
10/20/1995

2. Principal Place of Business

2a. Mailing Address

21 1414 S. ORANGE AVE

26 SAME

4. FEI Number

APPLIED FOR 4-30-96

☒ Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 PATHOLOGY - ORHS

27

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23 ORLANDO, FL

28

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 32806

25 USA

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LAMBERT, PAUL WATSON
2851 REMINGTON GREEN CIRCLE STE C
TALLAHASSEE FL 32308-3749

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD
CLACK, W. PEARSON M.D.
STREET ADDRESS 1762 HAWTHORNE ST.
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE

NAME VD
WICKHAM, DENNIS M.D.
STREET ADDRESS 1750 CEDAR STREET
CITY-ST-ZIP ROCKLEDGE FL 32955

TITLE ☐ DELETE

NAME STD
HEGERT, THOMAS F. M.D.
STREET ADDRESS 1401 LUCERNE TERRACE
CITY-ST-ZIP ORLANDO FL 32806

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

900001883099
-07/03/96--01028--030
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Thomas F. Hegert M.D. 4-30-96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(407) 841-5217

05718196

CR2E037 (12/95)