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Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # 766737 (1)

1. Corporation Name
Florida Association of Medical Examiners, Inc.

Principal Place of Business	Mailing Address
1414 S. Orange Ave. Pathology - ORHS Orlando, FL 32806	1414 S. Orange Ave. Pathology - ORHS Orlando, FL 32806

3. Date Incorporated or Qualified: 1/27/83

4. FEI Number: 59-3382621 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 3737 Frankford Ave.	26 3737 Frankford Ave.
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc.
23 City & State: Panama City, FL	28 City & State: Panama City, FL
24 Zip: 32405 25 Country: USA	29 Zip: 32405 30 Country: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

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
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 _____ DATE
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	PD ☒ DELETE	1.1 TITLE	PD ☐ Change ☑ Addition
NAME	Clack, W. Pearson M.D	1.2 NAME	Vernard I. Adams, M.D.
STREET ADDRESS	1762 Hawthorne St.	1.3 STREET ADDRESS	401 S. Morgan Street
CITY-ST-ZIP	Sarasota, FL 34239	1.4 CITY-ST-ZIP	Tampa, FL 33602
TITLE	VD ☒ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	Wickham, Pennis M.D.	2.2 NAME	Stephen J. Nelson, M.D.
STREET ADDRESS	1750 Cedar Street	2.3 STREET ADDRESS	2010 East Georgia St.
CITY-ST-ZIP	Rockledge, FL 32955	2.4 CITY-ST-ZIP	Bartow, FL 33830
TITLE	STD ☒ DELETE	3.1 TITLE	STD ☐ Change ☐ Addition
NAME	Hegert, Thomas F. M.D	3.2 NAME	Marie A. Herrmann, M.D.
STREET ADDRESS	1481 Lucerne Terrace	3.3 STREET ADDRESS	3737 Frankford Ave.
CITY-ST-ZIP	Orlando, FL 32806	3.4 CITY-ST-ZIP	Panama City, FL 32405
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	700002494427 ☐ Change ☐ Addition
NAME		6.2 NAME	-04/21/98--01011--022
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

Rhw 4-20-98

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: Marie A. Herrmann MARIE A. HERRMANN, M.D 4/10/98 850 747-5740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/97)