

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000008002

**Entity Name:** SOUTHEASTERN DELEGATION TO THE AMERICAN MEDICAL ASSOCIATION INC.

**FILED**  
**Jan 26, 2021**  
**Secretary of State**  
**2354566248CC**

**Current Principal Place of Business:**

317 MARSHSIDE DR N  
ST. AUGUSTINE, FL 32080

**Current Mailing Address:**

317 MARSHSIDE DR N  
ST. AUGUSTINE, FL 32080 US

**FEI Number: 84-4933861**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

FOY, KAREN A EXECUTIVE DIRECTOR  
317 MARSHSIDE DR N  
ST. AUGUSTINE, FL 32080 US

*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.*

SIGNATURE: KAREN A. FOY

01/26/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title EXECUTIVE DIRECTOR  
Name FOY, KAREN A  
Address 317 MARSHSIDE DR N  
City-State-Zip: ST. AUGUSTINE FL 32080

Title IMMEDIATE PAST CHAIR  
Name CLARK, MD, S. WILLIAM  
Address 317 MARSHSIDE DR N  
City-State-Zip: ST. AUGUSTINE FL 32080

Title CHAIRMAN  
Name DALTON, MD, CLAUDETTE  
Address 317 MARSHSIDE DR N  
City-State-Zip: ST. AUGUSTINE FL 32080

Title VC  
Name POOLE, MD, JOHN  
Address 317 MARSHSIDE DR N  
City-State-Zip: ST. AUGUSTINE FL 32080

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

SIGNATURE: KAREN FOY

EXECUTIVE DIRECTOR

01/26/2021

Electronic Signature of Signing Officer/Director Detail

Date