

2020 FLORIDA NOT FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N17000008002

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

FILED
Feb 23, 2020
Secretary of State
7403063043CR

Current Principal Place of Business:

317 MARSHSIDE DR N
ST. AUGUSTINE, FL 32080

Current Mailing Address:

4250 A1A S F-32
ST AUGUSTINE, FL 32080 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FOY, KAREN A EXECUTIVE DIRECTOR
4250 A1A S F-32
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

02/23/2020

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

02/23/2020

Electronic Signature of Signing Officer/Director Detail

Date