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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 701922 (7)

1. Corporation Name

MEDICAL SCHOLARSHIP FOUNDATION INC



Principal Place of Business

Mailing Address

1501 NW NORTH RIVER DR.
MIAMI FL 33125

1501 NW NORTH RIVER DR.
MIAMI FL 33125-2603

3. Date Incorporated or Qualified
01/19/1961

3a. Date of Last Report
04/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Building 1501 NW N. River Dr.
Suite, Apt. #, etc.

26 1501 NW N. River Dr.
Suite, Apt. #, etc.

22 Miami, Florida
City & State

27 Miami, FL.
City & State

23 33125
Zip

28 33125
Zip

24 Country
25 U.S.A.

29 Country
30 U.S.A.

4. FEI Number
59-6153485

Applied For
Not Applicable

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

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

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

KELLOGG, ANN L
6800 CHAPMAN FIELD DR.
MIAMI FL 33156

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 ANN L KELLOGG

Ann L Kellogg

May 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ASKOWITZ, JOHAN
STREET ADDRESS 9510 S.W. 136TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☐ DELETE
NAME LLANES, MARTHA
STREET ADDRESS 11225 S.W. 58TH CT.
CITY-ST-ZIP MIAMI FL

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

TITLE P ☐ DELETE
NAME VIERA, ADY P
STREET ADDRESS 843 ANASTASIA AVE.
CITY-ST-ZIP CORAL GABLES FL

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

TITLE D ☐ DELETE
NAME DUNN, KATY
STREET ADDRESS 1131 CATALONIA AVE.
CITY-ST-ZIP CORAL GABLES FL

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

TITLE S ☐ DELETE
NAME STONE, MAURIEL
STREET ADDRESS 4480 SW 62ND CT.
CITY-ST-ZIP MIAMI FL

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

TITLE T ☐ DELETE
NAME KELLOGG, ANN L
STREET ADDRESS 6800 CHAPMAN FIELD DR.
CITY-ST-ZIP MIAMI FL

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)(j), 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.

Ann L Kellogg

CR2E037 (9/96)