FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -8 AM 9:50

DOCUMENT # 702306 (2)

1. Corporation Name
DR. JOHN T. MACDONALD FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~5000 UNIVERSITY DRIVE~~ ~~SUITE 202~~ ~~CORAL GABLES FL 33146-2094~~ ~~US~~	~~4012 PARK ROAD~~ ~~SUITE 2100~~ ~~CHARLOTTE NC 28209~~ ~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/20/1961
3a. Date of Last Report: 02/04/1994
4. FEI Number: 59-0818918 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 6851 YUMURI STREET	26 6851 YUMURI STREET
22 Suite, Apt. #, etc. SUITE 16	27 Suite, Apt. #, etc. SUITE 16
23 City & State CORAL GABLES, FL	28 City & State CORAL GABLES, FL
24 Zip 33146 25 Country DADE	29 Zip 33146 30 Country DADE

9. Name and Address of Current Registered Agent

BREIER, ROBERT G., ESQUIRE
1320 SOUTH DIXIE HIGHWAY
SUITE 830
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, 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	~~DM~~	1.1 TITLE	M ☑ Change ☐ Addition
NAME	~~ATWILL, WILLIAM D.~~	1.2 NAME	YARBROUGH, LOUISE P.
STREET ADDRESS	~~3999 PONCE DE LEON, #202~~	1.3 STREET ADDRESS	6851 YUMURI ST., SUITE 16
CITY-ST-ZIP	~~CORAL GABLES FL~~	1.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	~~DD~~	2.1 TITLE	DC ☑ Change ☐ Addition
NAME	~~CHILEN, THOMAS C M.D.~~	2.2 NAME	MEKRAS, GEORGE D., M.D.
STREET ADDRESS	~~5000 UNIVERSITY DR~~	2.3 STREET ADDRESS	7051 SW 62 AVENUE
CITY-ST-ZIP	~~CORAL GABLES FL~~	2.4 CITY-ST-ZIP	SOUTH MIAMI, FL 33143
TITLE	STD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, RICHARD L., M.D.	3.2 NAME	
STREET ADDRESS	5000 UNIVERSITY DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	3.4 CITY-ST-ZIP	
TITLE	~~D~~	4.1 TITLE	D ☑ Change ☐ Addition
NAME	~~KENYON, NORMAN M., M.D.~~	4.2 NAME	HUNTER, CAROLINE B., M.D.
STREET ADDRESS	~~7000 SW 62ND AVE #310~~	4.3 STREET ADDRESS	7450 RED ROAD, SUITE B
CITY-ST-ZIP	~~SOUTH MIAMI FL~~	4.4 CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BREIER, ROBERT G., ESQ	5.2 NAME	
STREET ADDRESS	1320 S DIXIE HWY ~~#3030~~ SUITE 830	5.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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 Louise P. Yarbrough LOUISE P. YARBROUGH 1/31/95 (305) 667-6017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073710