

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90177 038 ****61.25

DOCUMENT # 705005

1. Corporation Name

FLORIDA MEDICAL FOUNDATION

Principal Place of Business

123 S ADAMS ST
P O BOX 10269
TALLAHASSEE FL 32302
US

Mailing Address

123 S ADAMS ST
P O BOX 10269
TALLAHASSEE FL 32302
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

11/30/1959

4. FEI Number

59-1276743

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

9. Name and Address of Current Registered Agent

DONALD F FOY SR
123 SOUTH ADAMS ST
TALLAHASSEE FL 32301

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **VPD**
STREET ADDRESS **BECKER, MATHIS M.D.**
CITY-ST-ZIP **201 NW 82ND AVE #504**
PLANTATION FL 33324

TITLE ☐ DELETE

NAME **EVPD**
STREET ADDRESS **FOY, DONALD F SR**
CITY-ST-ZIP **123 SOUTH ADAMS**
TALLAHASSEE FL

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **FARMER, FRANK**
CITY-ST-ZIP **570 MEMORIAL CIRCLE**
ORMOND BEACH FL

TITLE ☒ DELETE

NAME **PD**
STREET ADDRESS **SMITH, ALVIN E M.D.**
CITY-ST-ZIP **2032 JOHN ANDERSON DR**
ORMOND BCH FL

TITLE ☐ DELETE

NAME **TD**
STREET ADDRESS **HARTY-GOLDER, BARBARA**
CITY-ST-ZIP **3663 BEE RIDGE RD**
SARASOTA FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME **PD, Harold G.**
1.3 STREET ADDRESS **Harold G. Norman, MD**
1.4 CITY-ST-ZIP **262 Almeria Avenue**
Coral Gables, FL 331 34-5904

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: **Donald F Foy Sr**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99

Date

1-850-224-6496

Daytime Phone #

CR2E037 (11/98)

0007551