

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705005

1. Entity Name

FLORIDA MEDICAL FOUNDATION

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90200 040 \*\*\*\*61.25

Principal Place of Business

Mailing Address

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

123 S ADAMS ST  
P O BOX 10269  
TALLAHASSEE FL 32302-2269  
US

2. Principal Place of Business

113 E. College Avenue

3. Mailing Address

PO Box 10269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-1276743

Applied For

Not Applicable

Zip  
32301

Country  
Leon

Zip  
32302

Country  
Leon

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

DONALD F FOY SR  
123 SOUTH ADAMS ST  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Sandra B. Mortham

Street Address (P.O. Box Number is Not Acceptable)

113 E. College Avenue

City

Tallahassee

FL

Zip Code  
32301

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE PD ☐ Delete  
NAME NORMAN, HAROLD G M.D.  
STREET ADDRESS 262 ALMERIA AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33134-5904

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 181 SW 101 Avenue  
CITY-ST-ZIP Plantation, FL 33324

TITLE EVP/CEO ☐ Change ☒ Addition  
NAME Sandra B. Mortham  
STREET ADDRESS 113 E. College Avenue  
CITY-ST-ZIP Tallahassee, FL 32301

TITLE Vice Pres. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Secret./Treas. ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)