

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 705005

1. Entity Name

FLORIDA MEDICAL FOUNDATION

Principal Place of Business

113 E COLLEGE AVE  
TALLAHASSEE FL 32301  
US

Mailing Address

PO BOX 10269  
TALLAHASSEE FL 32302  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1276743

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORTHAM, SANDRA B  
113 E COLLEGE AVE  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE VPD ☒ Delete  
NAME BECKER, MATHIS M.D.  
STREET ADDRESS 181 SW 101 AVE  
CITY-ST-ZIP PLANTATION FL 33324

TITLE President/D ☐ Change ☒ Addition  
NAME Robert E. Cline, MD  
STREET ADDRESS 5601 N. Dixie Highway, Suite 209  
CITY-ST-ZIP Ft. Lauderdale, FL 33334

TITLE EVPC ☐ Delete  
NAME MORTHAM, SANDRA B  
STREET ADDRESS 113 E COLLEGE AVE  
CITY-ST-ZIP TALLAHASSEE FL 32301

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

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

TITLE Vice President/D ☐ Change ☒ Addition  
NAME James B. Dolan, MD  
STREET ADDRESS 4555 Emerson Expressway, Suite 100  
CITY-ST-ZIP Jacksonville, FL 32207

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

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

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

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

TITLE ☐ Delete  
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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 12, 2001 8:00 am**  
**Secretary of State**  
05-12-2001 90036 027 \*\*\*\*61.25

00049224



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)