

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

0006527

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

Sandra B. Mortham

3/21/02

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 **PD** ☒ Delete
NAME **JELKS, EDWARD M.D.**
STREET ADDRESS **113 E COLLEGE AVE**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **VD** ☒ Delete
NAME **MILTON, JOHN D M.D.**
STREET ADDRESS **113 E COLLEGE AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE **STD** ☒ Delete
NAME **ANDERSON, CLYDE O MD**
STREET ADDRESS **113 E COLLEGE AVE.**
CITY-ST-ZIP **TALLAHASSEE FL 32301**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ST** ☐ Change ☒ Addition
NAME **Barbara Harty-Golder, MD**
STREET ADDRESS **3663 Bee Ridge Road**
CITY-ST-ZIP **Sarasota, FL 34233**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Sandra B. Mortham

3/21/02

(850) 224-6496

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)