2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# 705005

Entity Name: FLORIDA MEDICAL FOUNDATION

Current Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1276743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CALDWELL, JACQUES R MD	
Address:	311 N. CLYDE MORRIS BLVD, #510	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:	ST	( ) Delete
Name:	DOLAN, JAMES B MD	
Address:	1138 SE 5TH STREET	
City-St-Zip:	OCALA, FL 34471	
Title:	EVPC	( ) Delete
Name:	MORTHAM, SANDRA B	
Address:	123 S. ADAMS ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VPD	( ) Delete
Name:	SMITH, ALVIN MD	
Address:	2032 JOHN ANDERSON DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32176	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	PD	(X) Change ( ) Addition
Name:	LENTZ, CARL W MD	
Address:	1040 W. INTERNATIONAL SPEEDWAY	
City-St-Zip:	DAYTONA BEACH, FL 32114	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPD	(X) Change ( ) Addition
Name:	MCCOY, ANTOINETTE M	
Address:	2222 ELLICOTT DR	
City-St-Zip:	TALLAHASSEE, FL 32308	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA B. MORTHAM EVP 04/26/2005

Electronic Signature of Signing Officer or Director — Date