

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 705005

FILED  
Apr 04, 2003  
Secretary of State

Entity Name: FLORIDA MEDICAL FOUNDATION

## Current Principal Place of Business:

113 E COLLEGE AVE  
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  
113 E COLLEGE AVE  
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: CLINE, ROBERT E MD  
Address: 5601 N DIXIE HWY SUITE 209  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: VPD ( ) Delete  
Name: DOLAN, JAMES B MD  
Address: 4555 EMERSON EXPRESSWAY STE 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: EVPC ( ) Delete  
Name: MORTHAM, SANDRA B  
Address: 113 E COLLEGE AVE.  
City-St-Zip: TALLAHASSEE, FL 32301

Title: ST ( ) Delete  
Name: HARTY-GOLDER, BARBARA MD  
Address: 3663 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: MCCOY, TERENCE P MD  
Address: 2412 W. PLAZA DR.  
City-St-Zip: TALLAHASSEE, FL 33208

Title: ST (X) Change ( ) Addition  
Name: DOLAN, JAMES B MD  
Address: 4555 EMERSON EXPRESSWAY STE 100  
City-St-Zip: JACKSONVILLE, FL 32207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: BECKER, MATHIS MD  
Address: 181 S.W. 101 AVE.  
City-St-Zip: PLANTATION, FL 33324

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

EVPC

04/04/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date