2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

DOCUMENT # 712669

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| Entity Name | | 海 |
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| ARASOTA COUNTY MEDICAL SO DUNDATION, INC. | OCIETY ALLIANCE | |
| ncipal Place of Business | Mailing Address | |

FILED Apr 18, 2007 8:00 am Secretary of State

04-18-2007 90179 024 ****61.25

| FOUNDA | TION, IN | J. | | | | Con Mil | 19.37 | | | | | | | |
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| Principal Place of Business Mailing | | | Address | | .,, | | | | | | | | | |
| 342 SOUTH TAMIAMI TRAIL STE 201 2999 S. TAMIAMI TRAIL NOKOMIS FL 34275 SARASOTA FL 34239 | | | | | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | 111 | | IIBIA IIBIB ALI | | B)3 0 0 | DILII 41011 01011 1 | 2 0 0 11 | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 1st MOORE CR2E037 (10/06) | | | | | | | | |
| City & State Cit | | | city & State | | | | 4. FEI Numb | | 9-6149 | 9170 | | ·—- | applied For Not Applicable | |
| Zip | Zip Country Zip | | | | Coun | lry | | 5. Certificate | e of Sta | tus Desir | ed [| | \$8.75 Ac Fee Requir | |
| | 6. Name | and Address of Current | Registered | Agent | | | | 7. Name and | d Addr | ess of Ne | ew Regis | stered | Agent | |
| | | | | | | Name | | | | | | | | |
| MIHALEY, LORI-NAN 2999 S. TAMIAMI TRAIL | | | | | Street Ad | ddress (i | P.O. Box Numb | oor is N | ot Accep | itable) | | | | |
| SAF | RASOTA | FL 34239 | | | | | | | | | | | | |
| | | | | | | Cily | | . | | | | FL | Zip Co | de |
| | named entity | y submits this statement for | or the purpo | se of changing its | registered | d office or | register | ed agent, or bo | oth, in t | he State o | of Florida | ı. Lam | familiar with | , and accept |
| ino obligat | ilona oi regia | orda agont. | | | | | | | | | | | | |
| SIGNATURE . | | | | | | | | | | | | | | |
| | Signature, typed | or printed name of registered again | and their apple | onule (NOI) | l Registered / | Agunt signatu | ne remared | when reinstaling) | | | | DATE | | |
| | | . === 15 551 55 | | | | | | | | • | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2007 9. Election Campaign Trust Fund Contrib | | | | | | | | | | | | | | |
| ' | | | | | | | | \$5.00 May I Added to Fees | | F | | | k Payable tment of | |
| | | May 1, 2007 | PECTOR | | Contributio | | | Added to Fees | s | | lorida l | Depar | tment of | State |
| 10. | Due By | | RECTORS | Trust Fund C | Contributio | | | | s | | lorida l | Depar | tment of | State N 10 |
| | Due By | May 1, 2007 OFFICERS AND DI | RECTORS | | Contributio | | P | Added to Fees | HANGE | S TO OF | lorida l | Depar | tment of | State |
| 10. HHT NAME STREET ADDRESS | P SILVERMA 1404 N.LA | OFFICERS AND DI NN, BONNIE KKESHORE DR | RECTORS | Trust Fund C | 11. THE NAME STREET | n. [| £ 91 490 | Added to Fees ADDITIONS;CF awal, 9 Sab | HANGE | S TO OFF | lorida l FICERS / C/ N | Depar AND DI | tment of | State N 10 |
| 10. HHT NAME | P SILVERMA 1404 N.LA SARASOT. | OFFICERS AND DI | RECTORS | Trust Fund C | 11. HIII NAMI SHILL CHY S | n. [| £ 91 490 | Added to Fees | HANGE | S TO OFF | lorida l | Depar AND DI | RECTORS I | State N 10 Addition |
| 10. HHT NAME SIRVET ADDRESS CITY ST ZIP | P SILVERMA 1404 N.LA SARASOT. | OFFICERS AND DI NN, BONNIE IKESHORE DR A FL 34231 | RECTORS | Trust Fund C | 11. THE | n. [| £ 91 490 | Added to Fees ADDITIONS;CH -awal, 9 Sab asota, | ANGE | s to off | FICERS A CI no 4238 | Depar AND DI | tment of | State N 10 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 eath; 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 autonoment with an address, with all other like empowered.

SIGNATURE:

941-921