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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713113

1. Corporation Name

MANATEE COUNTY MEDICAL EDUCATION FOUNDATION, INC

Principal Place of Business	Mailing Address
4521 26TH STREET WEST BRADENTON FL 34207 US	P.O. BOX 1564 BRADENTON FL 34206 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/25/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6503728 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☑ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

GRAHAM, WYLENE
8012 1ST AVE W
BRADENTON FL 34209

10. Name and Address of New Registered Agent

81 Name: Maureen Fasoli

82 Street Address (P.O. Box Number is Not Acceptable): 312 77th St. NW

83

84 City: Bradenton FL 85 Zip Code: 34209

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: Maureen Fasoli — DATE: 4-2-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P President FASOLI, MAUREEN 312 77TH NW BRADENTON FL 34209	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☑ Addition Thomas, Suzanne Director 210 Peacock Lane Holmes Beach, Fl. 34217
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Director FRYE, PATSY 5300 GULF DR. NORTH HOLMES BEACH FL 34217	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☑ Addition Milazza, Colleen 8342 9th Ave. Terrace N.W Director Bradenton, Fl. 34209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SD~~ Director HANNAH, GAIL 4804 RIVERVIEW BLVDD WEST BRADENTON FL 34209	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition Newhall, Joe 3304 Riverview Blvd Director Bradenton, Fl. 34205
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD Treasurer ROGERS, BETTY 6500 RIVERVIEW BLVD W BRADENTON, FL 00000 34209	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition Bellino, Sherry 9303 17th Ave. NW Director Bradenton, Fl. 34209
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LIEBERMAN, BETSY 1311 51ST ST W BRADENTON, FL 00000 34209	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☑ Addition Day, Ann 2611 Bay Dr. Secretary Bradenton, Fl. 34207
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GRAHAM, WYLENE 8012 1ST AVE W BRADENTON, FL 00000 34209	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition Braxton, Jacquie 510 63rd St. NW Director Bradenton, Fl. 34209

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bobby R. Rogers SIGNATURE REQUIRED — 2-25-1999 — (941) 792-7368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Bobby R. Rogers
Maureen Fasoli