


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90204 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 717065

1. Corporation Name

FORT MEADE MEDICAL CLINIC, INCORPORATED

Principal Place of Business

3200 HWY 17 NORTH
P.O. BOX 976
FORT MEADE FL 33841
US

Mailing Address

PO BOX 976
FORT MEADE FL 33841
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/28/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		23-7070181	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

STEDEM, MICHAEL D.
3200 HWY 17 NORTH
FT MEADE FL 33841

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEDEM, MICHAEL D.	1.2 NAME	
STREET ADDRESS	3200 HWY 17 NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAMBERS, THELMA	2.2 NAME	
STREET ADDRESS	330 N. LANIER AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	2.4 CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCHMAN, DONALD L.	3.2 NAME	
STREET ADDRESS	425 N.E. 2ND ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUNTER C. WAYNE	4.2 NAME	
STREET ADDRESS	400 N. OAK AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael D. Stedem 1/6/99 941 285 9127

Date

Daytime Phone #

CR2E037: (11/98)