

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 25, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 734257****1. Entity Name**

FOUNDATION FOR MEDICAL EDUCATION AND CARE, INC.

**Principal Place of Business**303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH  
32114 US**Mailing Address**303 N. CLYDE MORRIS BLVD  
ATTN: GENERAL COUNSEL  
DAYTONA BEACH  
32114 US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1686802**

Applied For

Not Applicable

**5. Certificate of Status Desired**☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**DAVIDSON DAVID J., ESQ  
303 N. CLYDE MORRIS BLVD.DAYTONA BEACH  
32114 US

FL

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

**8. 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

**04/25/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**FILE NOW:****FEE IS \$61.25****9. Election Campaign Financing**  
Trust Fund Contribution.☐**\$5.00** May Be  
Added to Fees**Make Check Payable to**  
**Department of State****10. OFFICERS AND DIRECTORS****11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
D	BRANOFF RICHARD M.D.	303 N. CLYDE MORRIS BLVD.	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	MARRESE ROXY M.D.	201 N. CLYDE MORRIS BLVD, STE 240	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	HERRERO FRANCISCO M.D.	303 N. CLYDE MORRIS BLVD	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
C/D	CARRATT JAMES A	1243 S. RIDGEWOOD AVE.	DAYTONA BEACH FL 32114	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TD	DOUGLASS WILLIAM M.D.	555 MEMORIAL CR.	ORMOND BEACH FL 32174	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.****SIGNATURE: WILLIAM DOUGLASS, M.D.**

TD

04/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)