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Mar 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 763524 (6)  
1. Corporation Name  
JESS PARRISH MEDICAL FOUNDATION, INC.



Principal Place of Business Mailing Address  
11 MAX BREWER CSWY SUITE C TITUSVILLE FL 32796 US  
951 N WASHINGTON AVE DRAWER W TITUSVILLE FL 32796-2111

3. Date Incorporated or Qualified 06/02/1982 3a. Date of Last Report 02/05/1996  
4. FEI Number 59-2249275 Applied For Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
BAKER, ROD L.  
951 WASHINGTON AVENUE  
TITUSVILLE FL 32781

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SPENCER, EARL JR.	
STREET ADDRESS	719 GARDEN STREET	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	PARRISH, J. J. III	
STREET ADDRESS	2900 PARRISH ROAD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCCOTTER, C. R. III	
STREET ADDRESS	101 S WASHINGTON AVENUE	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SMITH, BECKY	
STREET ADDRESS	3945 PINETOP	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DENSON, TODD	
STREET ADDRESS	4414 HICKORY HILLS BLVD	
CITY-ST-ZIP	TITUSVILLE FL	
TITLE	MD	<input checked="" type="checkbox"/> DELETE
NAME	DENNARD, AMY R.	
STREET ADDRESS	951 NORTH WASHINGTON	
CITY-ST-ZIP	TITUSVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	J.J. Parrish, III	
1.3 STREET ADDRESS	2900 Parrish Rd.	
1.4 CITY-ST-ZIP	Titusville, FL 32796	
2.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Greg Sparkman	
2.3 STREET ADDRESS	4595 Helena Dr.	
2.4 CITY-ST-ZIP	Titusville, FL 32780	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	Susan Spellman MD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	951 N. Washington Ave.	
6.4 CITY-ST-ZIP	Titusville, FL 32796	

14. I do 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

CR2E037 (9/96)