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**Feb 22, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 763524**

1. Corporation Name  
**JESS PARRISH MEDICAL FOUNDATION, INC.**

Principal Place of Business  
 11 MAX BREWER CSWY  
 SUITE C  
 TITUSVILLE FL 32796  
 US

Mailing Address  
 951 N WASHINGTON AVE  
 DRAWER W  
 TITUSVILLE FL 32796



21	2. Principal Place of Business	26	2a. Mailing Address	3.	Date Incorporated or Qualified	06/02/1982
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	59-2249275
23	City & State	28	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	29	Zip	6.	Election Campaign Financing	<input type="checkbox"/> \$5.00 May Be Added to Fees
	Country	30	Country		Trust Fund Contribution	

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 \_\_\_\_\_ DATE \_\_\_\_\_  
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	PD SPARKMAN, GREG	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4595 HELENA DR	1.2 NAME	
STREET ADDRESS	TITUSVILLE FL 32780	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD QUINTERO, LUIS MD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3887 GOSHAWK PLACE	2.2 NAME	
STREET ADDRESS	TITUSVILLE FL 32796	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MCCOTTER, C. R. III	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	101 S WASHINGTON AVENUE	3.2 NAME	SD
STREET ADDRESS	TITUSVILLE FL	3.3 STREET ADDRESS	Barbara Terhune
CITY-ST-ZIP		3.4 CITY-ST-ZIP	1627 Candle Ct. Titusville FL 32780
TITLE	TD SMITH, BECKY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3945 PINETOP	4.2 NAME	
STREET ADDRESS	TITUSVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	ST DENSON, TODD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4414 HICKORY HILLS BLVD	5.2 NAME	
STREET ADDRESS	TITUSVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	MD SPELLMAN, SUSAN	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	951 N. WASHINGTON AVE.	6.2 NAME	
STREET ADDRESS	TITUSVILLE FL	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 REQUIRED 1-5-99 407-269-4066  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E037 (11/98)