


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 22 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 766582 (1) 1. Corporation Name CHILDRENS' MEDICAL MISSION, INC.					
Principal Place of Business 1351 N GADSDEN ST TALLAHASSEE FL 32303-2668			Mailing Address 1351 N GADSDEN ST TALLAHASSEE FL 32303-2668		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/17/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2339956	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MCCORMICK, C. CAROL 708 LUPINE LANE TALLAHASSEE FL 32308				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 type="checkbox"/> DELETE			
NAME	SEAY, MARY E. M.D.				
STREET ADDRESS	1351 N GADSDEN ST				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	BARRIOS, SALLY R.N.				
STREET ADDRESS	2414 ALMOND DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	MCCORMICK, C. CAROL R.N.				
STREET ADDRESS	708 LUPINE LANE				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	GREENE, TERRY L.P.N.				
STREET ADDRESS	518 PATTY LYNN DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PATTERSON, TODD A. D.O.				
STREET ADDRESS	2261 TRESCOTT DRIVE				
CITY-ST-ZIP	TALLAHASSEE FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
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.					
SIGNATURE: <u>Mary E. Seay</u> <u>Mary E. Seay</u> <u>1/14/98</u>					



CR2E037 (10/97)