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Feb 17, 1999 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 766582

02-17-1999 90048 001 *****61.25

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	
21		26		01/17/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2339956	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24		29		30	
Country		Country		8.75 Additional Fee Required	
25		30		6. Election Campaign Financing	
29		30		Trust Fund Contribution	
Country		Country		5.00 May Be Added to Fees	
25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
MCCORMICK, C. CAROL 708 LUPINE LANE TALLAHASSEE FL 32308				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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	SEAY, MARY E. M.D.	1.2 NAME	
STREET ADDRESS	1351 N GADSDEN ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	BARRIOS, SALLY R.N.	2.2 NAME	
STREET ADDRESS	2414 ALMOND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	MCCORMICK, C. CAROL R.N.	3.2 NAME	
STREET ADDRESS	708 LUPINE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	GREENE, TERRY L.P.N.	4.2 NAME	
STREET ADDRESS	518 PATTY LYNN DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	PATTERSON, TODD A. D.O.	5.2 NAME	
STREET ADDRESS	2261 TRESCOTT DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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

1/25/99 150 641-6262

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