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FILED

May 20 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 # 769552 (1)

1. Corporation Name

MEMORIAL MEDICAL, INC.

Principal Place of Business

1700 S. TAMiami TRAIL  
SARASOTA FL 34239

Mailing Address

1700 S. TAMiami TRAIL  
SARASOTA FL 34239-3509

3. Date Incorporated or Qualified  
07/26/1983

3a. Date of Last Report  
04/25/1996

4. FEI Number

59-2426502

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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COVERT, MICHAEL H  
1700 S TAMiami TRAIL  
SARASOTA FL 34239

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 SD ☒ DELETE  
NAME BOWLES, CATHERINE  
STREET ADDRESS 240 N WASHINGTON BLVD  
CITY - ST - ZIP SARASOTA FL

TITLE PD ☐ DELETE  
NAME COVERT, MICHAEL H  
STREET ADDRESS 1700 S. TAMiami TRAIL  
CITY - ST - ZIP SARASOTA FL

TITLE VD ☒ DELETE  
NAME BEACHEY, DALE  
STREET ADDRESS 1700 S TAMiami TRAIL  
CITY - ST - ZIP SARASOTA FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ST ☐ Change ☒ Addition  
1.2 NAME STRASSER, ROBERT  
1.3 STREET ADDRESS 3810 OAKLEY GREEN  
1.4 CITY - ST - ZIP SARASOTA, FL

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME PHILLIPS, GERALD  
3.3 STREET ADDRESS 1700 SOUTH TAMiami TRAIL  
3.4 CITY - ST - ZIP SARASOTA, FL

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

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 in an attachment with an address.

SIGNATURE:

Michael H. Covert

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5/1/97 Daytime Phone # 917-2498

0063574

CR2E037 (9/96)