

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90208 042 \*\*\*\*61.25

DOCUMENT # 769552

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 P. O. Box 3258

Suite, Apt. #, etc.

27 Attn: J. Hugh Middlebrooks

City & State

28 Sarasota, FL

Zip

29 34230-3258

Country

30

3. Date Incorporated or Qualified

07/26/1983

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

9. Name and Address of Current Registered Agent

COVERT, MICHAEL H  
1700 S TAMiami TRAIL  
SARASOTA FL 34239

10. Name and Address of New Registered Agent

81 Name

J. Hugh Middlebrooks, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

200 S. Orange Ave.

83

84 City

Sarasota

FL

85 Zip Code  
34236

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/1/99

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE  
NAME ALBERTSON, DON  
STREET ADDRESS 4136 WOODVIEW DR  
CITY-ST-ZIP SARASOTA FL 34232

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

TITLE TD ☐ DELETE  
NAME PHILLIPS, GERALD  
STREET ADDRESS 1354 HARBOR DR  
CITY-ST-ZIP SARASOTA FL 34236

TITLE SD ☐ DELETE  
NAME COBB, PHYLLIS  
STREET ADDRESS 761 JOHN RINGLING BLVD #A5  
CITY-ST-ZIP SARASOTA FL 34236

TITLE VCD ☐ DELETE  
NAME MOSS, MARTIN  
STREET ADDRESS 1535 HARBOR DR  
CITY-ST-ZIP SARASOTA FL 34239

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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 an other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Michael H. Covert, President

Date

Daytime Phone #

CR2E037 (11/98)

0067968