


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 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 # 770390 (3)			
1. Corporation Name HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.			



Principal Place of Business		Mailing Address	
C/O CAROL JOHNSTON 12395 CORTEZ BLVD BROOKSVILLE FL 34613 US		C/O CAROL JOHNSTON 12395 CORTEZ BLVD BROOKSVILLE FL 34613 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	
09/23/1983	
4. FEI Number	Applied For
59-2471222	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
GINA PRESAPRE 9065 PRESAPRE CT SPRING HILL FL 34806	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 *Susan McCarragher* *Susan McCarragher* **06/10/98**
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	<input type="checkbox"/> DELETE
NAME	PD GINA PRESAPRE
STREET ADDRESS	9065 PRESAPRE CT
CITY-ST-ZIP	SPRING HILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	VPD MAUREEN SOLIMAN
STREET ADDRESS	7533 JOMEL DR
CITY-ST-ZIP	SPRING HILL FL
TITLE	<input type="checkbox"/> DELETE
NAME	S SUSAN ROEBUCK
STREET ADDRESS	6159 NEW OSPREY PT
CITY-ST-ZIP	WEEKI WALLEE FL
TITLE	<input type="checkbox"/> DELETE
NAME	TD SUSAN MCCARRAGHER
STREET ADDRESS	14385 HUNT CLUB LN
CITY-ST-ZIP	SPRING HILL FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	VP LAURA CARADONNA
STREET ADDRESS	6161 WATERS WAY
CITY-ST-ZIP	SPRING HILL 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 *Susan McCarragher* *Susan McCarragher* **06/10/98** **351-848-0728**

CR2E037 (10/97)