

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 24, 1999 8:00 am  
Secretary of State

05-24-1999 90014 024 \*\*\*\*61.25

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DOCUMENT # 770390

1. Corporation Name

HERNANDO COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Principal Place of Business

C/O CAROL JOHNSTON  
12395 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US

Mailing Address

C/O CAROL JOHNSTON  
12395 CORTEZ BLVD  
BROOKSVILLE FL 34613  
US



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

3. Date Incorporated or Qualified

09/23/1983

4. FEI Number

59-2471222

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

GINA PRESAPRE  
9065 PRESAPRE CT  
SPRING HILL FL 34606

10. Name and Address of New Registered Agent

81

Name

SUSAN MCCARRAGHER

82

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

14385 HUNT CLUB LN

83

84

City

BROOKSVILLE

FL

85

Zip Code

34609

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

*Susan McCarragher PD.*  
(NOTE: Registered Agent signature required when re-registering)

5/18/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GINA PRESAPRE  
STREET ADDRESS 9065 PRESAPRE CT  
CITY-ST-ZIP SPRING HILL FL  
☐ DELETE

TITLE VPD  
NAME MAUREEN SOLIMAN  
STREET ADDRESS 7533 JOMEL DR  
CITY-ST-ZIP SPRING HILL FL  
☐ DELETE

TITLE S  
NAME SUSAN ROEBUCK  
STREET ADDRESS 6159 NEW OSPREY PT  
CITY-ST-ZIP WEEKI WALLEE FL  
☐ DELETE

TITLE TD  
NAME SUSAN MCCARRAGHER  
STREET ADDRESS 14385 HUNT CLUB LN  
CITY-ST-ZIP SPRING HILL FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD  
1.2 NAME Susan McCarragher  
1.3 STREET ADDRESS 14385 HUNT CLUB LN  
1.4 CITY-ST-ZIP BROOKSVILLE, FL 34609  
☒ Change ☐ Addition

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

3.1 TITLE  
3.2 NAME PATRICIA KENNEDY  
3.3 STREET ADDRESS 5086 GOLF CLUB LN  
3.4 CITY-ST-ZIP BROOKSVILLE, FL 34609  
☒ Change ☐ Addition

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

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

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

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: *Susan McCarragher* 5/18/99 352-848-0729  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)