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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F97000004106

1. Corporation Name  
ST. MATTHEWS UNIVERSITY SCHOOL OF MEDICINE LIMITED CORPORATION



Principal Place of Business: 1005 W. COLLEGE BLVD., STE. A NICEVILLE FL 32578  
Mailing Address: 1005 W. COLLEGE BLVD., STE. A NICEVILLE FL 32578

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1997

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

APPLIED FOR 52-2052314

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

8. This corporation owes the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MICHAEL A HARRIS, M.D.  
1005 W. COLLEGE BLVD., STE. A  
NICEVILLE FL 32578

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 607.0502 and 607.1508, 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 607.0505, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: CPT  
NAME: HARRIS, MICHAEL A M.D.  
STREET ADDRESS: 1005 W. COLLEGE BLVD., STE. A  
CITY-ST-ZIP: NICEVILLE FL 32578

1.1 TITLE: D  
1.2 NAME: Sersland, Jeffrey M.D.  
1.3 STREET ADDRESS: 1005 W College Blvd  
1.4 CITY-ST-ZIP: Niceville FL 32578

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

2.1 TITLE: D  
2.2 NAME: Paz, Jr., Seferino  
2.3 STREET ADDRESS: 1005 W Collge Blvd  
2.4 CITY-ST-ZIP: Niceville FL 32578

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

3.1 TITLE: D  
3.2 NAME: Thornton, Jerry Ph.D.  
3.3 STREET ADDRESS: 1005 W College Blvd  
3.4 CITY-ST-ZIP: Niceville FL 32578

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

4.1 TITLE: D  
4.2 NAME: Swartzendruber, Galen M.D.  
4.3 STREET ADDRESS: 1005 W College Blvd  
4.4 CITY-ST-ZIP: Niceville FL 32578

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

5.1 TITLE: [ ]  
5.2 NAME: [ ]  
5.3 STREET ADDRESS: [ ]  
5.4 CITY-ST-ZIP: [ ]

TITLE: [ ] DELETE  
NAME: [ ]  
STREET ADDRESS: [ ]  
CITY-ST-ZIP: [ ]

6.1 TITLE: [ ]  
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 607, 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] Michael A. Harris, M.D.

4/30/1999

Date

Daytime Phone #

(850) 678-1225

CR2E034 (11/98)