

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000309

FILED
Jan 14, 2008
Secretary of State

Entity Name: SOUTHWEST FLORIDA MEDICAL RESERVE CORPS FOUNDATION, INC.

Current Principal Place of Business:

1332 SAND CASTLE ROAD
SANIBEL, FL 33957 US

New Principal Place of Business:

Current Mailing Address:

1332 SAND CASTLE ROAD
SANIBEL, FL 33957 US

New Mailing Address:

FEI Number: 52-2449874

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAMILTON, LESLIE C ESQ
1332 SAND CASTLE ROAD
SANIBEL, FL 33957 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DIR () Delete
Name: SANTUCCI, PATRICIA M.D.
Address: 2252 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: DIR () Delete
Name: BROWN, DONALD M.D.
Address: 16351 KELLY WOODS DRIVE
City-St-Zip: FT. MYERS, FL 33908 US

Title: DIR () Delete
Name: MEIER, CARL M.D.
Address: 214 PELICAN LAKE DRIVE
City-St-Zip: SANIBEL, FL 33957 US

Title: DIR () Delete
Name: HAMILTON, REGINA M
Address: 1332 SAND CASTLE ROAD
City-St-Zip: SANIBEL, FL 33957 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DIR () Change (X) Addition
Name: SANTUCCI, RAYMOND M.D.
Address: 2252 STARFISH LANE
City-St-Zip: SANIBEL, FL 33957 US

Title: DIR/ () Change (X) Addition
Name: HAMILTON, LESLIE C ESQ
Address: 1332 SAND CASTLE ROAD
City-St-Zip: SANIBEL, FL 33957 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE CLARK HAMILTON

PRES

01/14/2008

Electronic Signature of Signing Officer or Director

Date