

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000010981

1. Entity Name
CITIZENS AGAINST MEDICAL ERRORS, INC.



FILED

07 JAN 25 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
4257 DRUMMOND DR
SPRING HILL, FL 34608-3847

Mailing Address
4257 DRUMMOND DR
SPRING HILL, FL 34608-3847



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01242007 Chg-NP CR2E037 (12/06)

4. FEI Number
20-3700242

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORANA, NICHOLAS
4257 DRUMMOND DR
SPRING HILL, FL 34608-3847

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Delete
NAME HOWELL, SCOTT
STREET ADDRESS 13474 PRINCEWOOD CT
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ☐ Change ☐ Addition
NAME 900086457739
STREET ADDRESS 01/29/07--01053--004 **61.25
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MORANA, NICHOLAS
STREET ADDRESS 4257 DRUMMOND DR
CITY-ST-ZIP SPRING HILL, FL 346083847

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME KNUTSON, DONALD
STREET ADDRESS 6119 WAYCROSS DR
CITY-ST-ZIP SPRING HILL, FL 34606

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME BURICHN, MARY ELLEN
STREET ADDRESS 4698 MARINER BLVD
CITY-ST-ZIP SPRING HILL, FL 34609

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Donald R. Knutson* DONALD R. KNUTSON 27 JAN 07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

K. Eckel JAN 25 2007