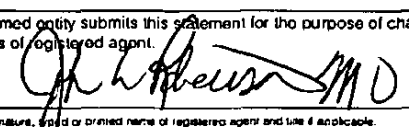
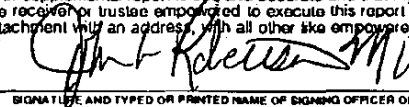


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2007 8:00 am
Secretary of State

02-28-2007 90013 037 ****61.25

DOCUMENT # N06000001678 1. Entity Name SEMINOLE COUNTY MEDICAL SOCIETY FOUNDATION, INC.					
Principal Place of Business P O BOX 951450 LAKE MARY FL 32795-1450			Mailing Address P O BOX 951450 LAKE MARY FL 32795-1450		
2. Principal Place of Business - No P.O. Box # 4106 W. LAKE MARY BLVD.			3. Mailing Address Suite, Apt. #, etc. SUITE 328-A		
City & State LAKE MARY, FL 32746			City & State LAKE MARY, FL 32746		
Zip 32746		Country USA		4. FEI Number 30-0358929	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent SCOTT, JEFFREY M. 123 S ADAMS ST TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name JOHN ROBERTSON, M.D. Street Address (P.O. Box Number is Not Acceptable) 4106 W. LAKE MARY BLVD., # 330 City LAKE MARY FL 32746		
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 reappointing)	
FILE NOW: 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 NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, GLEN F MD 4106 W LAKE MARY BLVD - STE 301 LAKE MARY FL 32746	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROBERTSON, JOHN W MD 4106 W LAKE MARY BLVD - STE 330 LAKE MARY FL 32746	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BRAGG, RICHARD S MD 590 RINEHART RD - STE 110 LAKE MARY FL 32746	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PANARA, VRAJ MD 220 N WESTMONTE DR - STE B ALTAMONTE SPRINGS FL 32714	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D OMAR, OSAMA H MD 2100 W STATE RD 434 - STE 1020 LONGWOOD FL 32779	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Signature, typed or printed name of signing officer or director John Robertson		Date 2/16/07	
Daytime Phone #		833 9195			