

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 14, 2008 8:00 am**  
**Secretary of State**

07-14-2008 90026 001 \*\*\*\*61.25

<b>DOCUMENT # N06000001678</b>					
<b>1. Entity Name</b> SEMINOLE COUNTY MEDICAL SOCIETY FOUNDATION, INC.					
<b>Principal Place of Business</b> 4106 W LAKE MARY BLVD SUITE 328-A LAKE MARY, FL 32746			<b>Mailing Address</b> P O BOX 951450 LAKE MARY, FL 32795-1450		
<b>2. Principal Place of Business - No P.O. Box #</b> 925 Williston Park Point		<b>3. Mailing Address</b> Suite, Apt. #, etc.			
Suite, Apt. #, etc. Suite 1001		Suite, Apt. #, etc.			
<b>City &amp; State</b> Lake Mary, FL		<b>City &amp; State</b>		<b>4. FEI Number</b> 30-0358929	
<b>Zip</b> 32746		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ROBERTSON, JOHN MD 4106 W LAKE MARY BLVD #330 LAKE MARY, FL 32746			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by September 12, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete DAVIS, GLEN F MD 4106 W LAKE MARY BLVD - STE 301 LAKE MARY, FL 32746				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete ROBERTSON, JOHN W MD 4106 W LAKE MARY BLVD - STE 330 LAKE MARY, FL 32746				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete BRAGG, RICHARD S MD 580 RINEHART RD - STE 110 LAKE MARY, FL 32746				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input checked="" type="checkbox"/> Delete PANARA, VRAJ MD 220 N WESTMONTE DR - STE B ALTAMONTE SPRINGS, FL 32714				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete OMAR, OSAMA H MD 2100 W STATE RD 434 - STE 1020 LONGWOOD, FL 32779				
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	D <input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tanya Agard MD 5703 Red Bug Lake Rd, Ste. 341 Winter Springs, FL 32708					
D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Kelley MD 515 West SR 434, Ste. 306 Longwood, FL 32750					
D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Omar, Osama H MD 773 Douglas Ave. Altamonte Springs, FL 32714					
D <input type="checkbox"/> Change <input type="checkbox"/> Addition					
<b>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.</b>					
<b>SIGNATURE:</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 7/8/08 Daytime Phone #: 407 833 9195					