# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**May 08, 2007**
**Secretary of State**

DOCUMENT# N06000010768

**Entity Name:** TRI-COUNTY MEDICAL FOUNDATION, INC.

**Current Principal Place of Business:**

976 FAIRVIEW AVENUE
MT DORA, FL 32757

**New Principal Place of Business:**

**Current Mailing Address:**

976 FAIRVIEW AVENUE
MT DORA, FL 32757

**New Mailing Address:**

**FEI Number: 20-8038625** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
**In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.**

**Name and Address of Current Registered Agent:**

HEEKIN, JR., JAMES F
215 N EOLA DRIVE
ORLANDO, FL 328012028 US

**Name and Address of New Registered Agent:**

KERINA, JEFFREY M
976 FAIRVIEW AVENUE
MT. DORA, FL 32757 US

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: JEFFREY M. KERINA 05/08/2007
Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete
Name: KENNA, JEFFREY M M.D.
Address: 976 FAIRVIEW AVENUE
City-St-Zip: MT DORA, FL 32757

Title: D ( ) Delete
Name: MILLER-KERINA, JANE
Address: 976 FAIRVIEW AVENUE
City-St-Zip: MT DORA, FL 32757

Title: D ( ) Delete
Name: KERINA, THOMAS K
Address: 976 FAIRVIEW AVENUE
City-St-Zip: MT DORA, FL 32757

**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:

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: JEFFREY M. KERINA, M.D. PS 05/08/2007
Electronic Signature of Signing Officer or Director Date