

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90487 001 ***122.50

DOCUMENT # N11772

1. Entity Name

SEMINOLE COUNTY MEDICAL SOCIETY, INC.



Principal Place of Business

1532 SUNSHINE TREE BLVD
LONGWOOD FL 32779
US

Mailing Address

PO BOX 2283
SANFORD FL 32772
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E037 (11/03)

4. FEI Number

~~20-0939534~~
~~50-7027946~~

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

WHIGHAM, FRANK C.
200 WEST FIRST STREET
SANFORD FL 32771

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-29-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

TITLE PD ☒ Delete
NAME BITAR, JAY B
STREET ADDRESS 515 W SR 434, STE 301
CITY-ST-ZIP LONGWOOD FL 32750

TITLE PD ☐ Delete
NAME PATEL, RAJESH K
STREET ADDRESS P O BOX 950339
CITY-ST-ZIP LAKE MARY FL 32795-0339

TITLE PD ☒ Delete
NAME ROBINSON, JERRY
STREET ADDRESS 1555 SAXON BLVD, STE 301
CITY-ST-ZIP DELTONA FL 32725

TITLE D ☒ Delete
NAME CANGIANO, THOMAS G
STREET ADDRESS 1403 MEDICAL PLAZA DRIVER SUITE 105
CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Change ☒ Addition
NAME GROSS, EDWARD
STREET ADDRESS 220 N. WESTMONTE DR. STE D
CITY-ST-ZIP ALTAMONTE SPRINGS, FL 32714

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

TITLE D ☐ Change ☒ Addition
NAME DAVIS, GLEN
STREET ADDRESS 4106 W. LAKE MARY BLVD # 301
CITY-ST-ZIP LAKE MARY, FL 32746

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

TITLE ☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-29-04

Attachment

**Internal Revenue Service**

DEPARTMENT OF THE TREASURY

The
Digital
Daily66409868
#N11772**Federal Tax ID / EIN**

This is your provisional Employer Identification Number:

20-0939834

Today's Date is: March 31, 2004 GMT

Seminole County Medical Society
P.O. Box 2283
Sanford, Florida 32772-2283

You will receive a confirmation letter in U.S. mail within fifteen days.

The letter will also contain useful tax information for your business or organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your EIN and return it to the IRS.

You may click on the buttons below for different print options or to fill out another Form SS-4.

[Review and Print Form SS-4](#)[Fill Out Another Form SS-4](#)

Click [here](#) to return to the Internet Employer Identification Number landing (start) page.

Seminole County Medical Society
P.O. Box 2283
Sanford, Florida 32772-2283