

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Norham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

DOCUMENT # N14436 (2)
1. Corporation Name
MANATEE COUNTY MEDICAL SOCIETY ALLIANCE, INC.

95 MAR 13 AM 10:55

Principal Place of Business
4808 26TH ST., W.
2722 MANATEE AVENUE WEST
BRADENTON FL 34207
US

Mailing Address
P. O. BOX 14113
BRADENTON FL 34280
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/17/1986** 3a. Date of Last Report **02/08/1994**
4. FEI Number **59-2737547** Applied For ☐
Not Applicable ☐

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing, Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Nonprofit with (RS 501(c)(3)) Tax Exempt Status ☒ **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BIEHL, MARY
4808 26TH ST W.
BRADENTON FL 34207

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TURALBA, EVELYN
STREET ADDRESS 5912 SHORE ACRES DR. N.W.
CITY-STATE-ZIP BRADENTON FL

1.1 **TITLE** ☐ Change ☐ Addition
1.2 **NAME**
1.3 **STREET ADDRESS**
1.4 **CITY-STATE-ZIP**

TITLE V
NAME DAY, ANN
STREET ADDRESS 2811 BAY DRIVE
CITY-STATE-ZIP BRADENTON FL

2.1 **TITLE** ☐ Change ☐ Addition
2.2 **NAME**
2.3 **STREET ADDRESS**
2.4 **CITY-STATE-ZIP**

TITLE S
NAME HARVEY, RENEE
STREET ADDRESS 8717 9TH AVE. TER. N.W.
CITY-STATE-ZIP BRADENTON FL

3.1 **TITLE** ☒ Change ☐ Addition
3.2 **NAME** ACOSTA, ANGELA
3.3 **STREET ADDRESS** P.O. Box 14447 N/A
3.4 **CITY-STATE-ZIP** BRADENTON, FL 34280

TITLE T
NAME DEMETREE, SHARON
STREET ADDRESS 1312 RIVERVIEW CIR., N.W.
CITY-STATE-ZIP BRADENTON FL

4.1 **TITLE** ☐ Change ☐ Addition
4.2 **NAME**
4.3 **STREET ADDRESS**
4.4 **CITY-STATE-ZIP**

TITLE D
NAME WHALEY, SUE
STREET ADDRESS 1203 62ND ST., N.W.
CITY-STATE-ZIP BRADENTON FL

5.1 **TITLE** ☐ Change ☐ Addition
5.2 **NAME**
5.3 **STREET ADDRESS**
5.4 **CITY-STATE-ZIP**

TITLE V
NAME HILLSTROM, SHARON
STREET ADDRESS 8817 11TH AVE. TERR. NW
CITY-STATE-ZIP BRADENTON FL

6.1 **TITLE** ☐ Change ☐ Addition
6.2 **NAME**
6.3 **STREET ADDRESS**
6.4 **CITY-STATE-ZIP**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sharon Demetree Treasurer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHARON DEMETREE

2-20-95

(813) 792-2007

Date

Daytime (Area #)