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Feb 03 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

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



Principal Place of Business
4808 26TH ST., W.
BRADENTON FL 34207
US

Mailing Address
P. O. BOX 14113
BRADENTON FL 34280-4113
US

3. Date Incorporated or Qualified 04/17/1986
3a. Date of Last Report 01/30/1996
4. FEI Number 59-2737547
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DEMETREE, SHARON	
STREET ADDRESS	1312 RIVERVIEW CIR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ACOSTA, ANGELA	
STREET ADDRESS	PO BOX 14447	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MARY	
STREET ADDRESS	4610 RIVERVIEW BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SOLER, SUSAN	
STREET ADDRESS	2416 LANDINGS CIRCLE NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TURALBA, EVELYN	
STREET ADDRESS	5912 SHORE ACRES DR, NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Suzanne Thomas	
1.3 STREET ADDRESS	210 Peacock Lane	
1.4 CITY-ST-ZIP	Holmes Beach, FL 34211	
2.1 TITLE	President-Elect	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Julie Chin	
2.3 STREET ADDRESS	4712 mangrove Point Road	
2.4 CITY-ST-ZIP	Bradenton, FL 34210	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Mary Thomas	
3.3 STREET ADDRESS	4610 Riverview Blvd, W.	
3.4 CITY-ST-ZIP	Bradenton, FL 34209	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Coleen Milazzo	
4.3 STREET ADDRESS	8342 9th Avenue Terr. NW	
4.4 CITY-ST-ZIP	Bradenton, FL 34209	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Sharon Demetree	
5.3 STREET ADDRESS	1312 Riverview Circle NW	
5.4 CITY-ST-ZIP	Bradenton, FL 34209	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Betty Rogers	
6.3 STREET ADDRESS	6500 Riverview Blvd. W.	
6.4 CITY-ST-ZIP	Bradenton, FL 34209	

14. I do 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 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: Coleen Milazzo, Treasurer 1/22/97 941-761-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064228

CR2E037 (9/96)