


FILE NOW: FILING FEE IS \$61.25

FILED  
May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N14436 (2)</b> 1. Corporation Name <b>MANATEE COUNTY MEDICAL SOCIETY ALLIANCE, INC.</b>			
Principal Place of Business <b>4808 26TH ST. W. BRADENTON FL 34207 US</b>		Mailing Address <b>P. O. BOX 14113 BRADENTON FL 34280 US</b>	
2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		2a. Mailing Address <b>25</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country	
9. Name and Address of Current Registered Agent <b>BIEHL, MARY 4808 26TH ST W. BRADENTON FL 34207</b>		10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>85</b> Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	THOMAS, SUZANNE		
STREET ADDRESS	210 PEACOCK LANE		
CITY-ST-ZIP	HOLMES BEACH FL		
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	CHIN, JULIE		
STREET ADDRESS	4712 MANGROVE POINT ROAD		
CITY-ST-ZIP	BRADENTON FL		
TITLE	S	<input type="checkbox"/> DELETE	
NAME	THOMAS, MARY		
STREET ADDRESS	4810 RIVERVIEW BLVD. WEST		
CITY-ST-ZIP	BRADENTON FL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	MILAZZO, COLEEN		
STREET ADDRESS	8342 9TH AVENUE TERRACE, NW		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	DEMETREE, SHARON		
STREET ADDRESS	1312 RIVERVIEW CIRCLE, NW		
CITY-ST-ZIP	BRADENTON FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	ROGERS, BETTY		
STREET ADDRESS	6500 RIVERVIEW BLVD., W		
CITY-ST-ZIP	BRADENTON FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Betsy Lieberman		
1.3 STREET ADDRESS	1311 57th Street West		
1.4 CITY-ST-ZIP	Bradenton, FL 34209		
2.1 TITLE	B	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Blanca Moscoso		
2.3 STREET ADDRESS	1910 91st Street NW		
2.4 CITY-ST-ZIP	Bradenton, FL 34209		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			



SIGNATURE:

*Colleen Milazzo*

May 1, 1998 (94) 761-0604

CR2E037 (10/97)