

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90035 006 ****61.25

0068767

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N14436

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
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/17/1986

4. FEI Number

59-2737547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

Cobbe, Fraser

82 Street Address (P.O. Box Number is Not Acceptable)

4808 26th St. West

83

84 City

Bradenton

FL

85 Zip Code

34207

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/12/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, SUZANNE	
STREET ADDRESS	210 PEACOCK LANE	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LIEBERMAN,	
STREET ADDRESS	1311 51ST STREET WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, MARY	
STREET ADDRESS	4610 RIVERVIEW BLVD. WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" 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	MOSCOSO, BLANCA	
STREET ADDRESS	1910 91ST STREET NW	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Susan Soder
1.3 STREET ADDRESS	2416 Landings Circle NW
1.4 CITY-ST-ZIP	Bradenton, FL 34209
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Blanca Moscoso
2.3 STREET ADDRESS	2714 Palma Gola Blvd
2.4 CITY-ST-ZIP	Bradenton, FL 34209
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lynne Weintraub
3.3 STREET ADDRESS	6915 Riverview Blvd
3.4 CITY-ST-ZIP	Bradenton, FL 34209
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Lisa Scott
4.3 STREET ADDRESS	14 Tidy Island Blvd
4.4 CITY-ST-ZIP	Bradenton, FL 34210
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Suzanne Thomas
5.3 STREET ADDRESS	210 Peacock Lane
5.4 CITY-ST-ZIP	Holmes Beach, FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/23/99 (941) 795-8340

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)