

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N14436

1. Entity Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE, INC.

FILED
Apr 10, 2000 8:00 am
Secretary of State

04-10-2000 90129 001 ***122.50

Principal Place of Business

4808 26TH ST., W.
BRADENTON FL 34207
US

Mailing Address

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

2. Principal Place of Business

4808 26th St West

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bradenton FL

City & State

4. FEI Number

59-2737547

Applied For

Not Applicable

Zip

34207

Country

US

Zip

Country

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

6. Name and Address of Current Registered Agent

FRASER, COBBE
6808 26TH ST WEST
BRADENTON FL 34207

7. Name and Address of New Registered Agent

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SOLER, SUSAN	
STREET ADDRESS	2416 LANDINGS CIR NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	NOSCOSO, BIANCA	
STREET ADDRESS	2714 PALMS SQ BLVD	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input type="checkbox"/> Delete
NAME	WEINTRAUB, LYNNE	
STREET ADDRESS	6915 RIVERVIEW BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SCOTT, LISA	
STREET ADDRESS	74 TIDY ISLAND BLVD	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, SUZANNE	
STREET ADDRESS	210 PEACOCK LN	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROGERS, BETTY	
STREET ADDRESS	6500 RIVERVIEW BLVD., W	
CITY-ST-ZIP	BRADENTON FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Blanca MOSCOSO	
STREET ADDRESS	2714 Palma Sole Blvd	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Rampertooap	
STREET ADDRESS	6170 9th Ave Cir N.E	
CITY-ST-ZIP	Bradenton FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Germine Hunein	
STREET ADDRESS	1809 91st NW	
CITY-ST-ZIP	Bradenton FL 34209	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan Soler	
STREET ADDRESS	2416 Landings Cir NW	
CITY-ST-ZIP	Bradenton FL 34208	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2F037 (9/99)