## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 17, 2001 8:00 am <sup>3</sup> Secretary of State DOCUMENT # N14436 1. Entity Name MANATEE COUNTY MEDICAL SOCIETY ALLIANCE, INC. 04-17-2001 90098 013 \*\*\*\*61.25 Mailing Address Principal Place of Business P. O. BOX 14113 4808 26TH ST., W. **BRADENTON FL 34207 BRADENTON FL 34280** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2737547 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) FRASER, COBBE 6808 26TH ST WEST BRADENTON FL 34207 City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be FILE NOW: Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. 10 Change ☐ Addition Delete TITLE TITLE MIRIMDA HILL SOLER, SUSAN NAME NAME 2708 BAY DR BRADEUM 2416 LANDINGS CIR NW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL** CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE Moscoso, Blanks 2714 Polma Sola Blvo NOSCOSO, BIANCA NAME NAME 2714 PALMS SQ BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIF ☐ Addition Change Delete TITLE TITLE WEINTRAUB, LYNNE NAME NAME 6915 RIVERVIEW BLVD STREET ADDRESS POPOX 14224 A 34260-1221 STREET ADDRESS **BRADENTON FL** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE KARINGRABLIN TITLE SCOTT, LISA NAME 1118 Palma Sola BlVD 74 TIDY ISLAND BLVD STREET ADDRESS STREET ADDRESS FL 34209 CITY-ST-7IP CITY-ST-ZIP BRADENTON FL Change ☐ Addition Delete TITI F THOMAS, SUZANNE NAME NAME 210 PEACOCK LN STREET ADDRESS STREET ADDRESS HOLMES BEACH FL CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change Addition TITLE ROGERS, BETTY NAME NAME 6500 RIVERVIEW BLVD., W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL**

NATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description of Director of Dire

12. I hereby certify that the information supplied with this filling 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.