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NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N14651

1. Corporation Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI
ON, INC.

Principal Place of Business

Mailing Address

4808 26TH ST. W.
~~2722 MANATEE AVENUE WEST~~ Delete
BRADENTON FL 3407
US

P.O. BOX 14113
~~2722 MANATEE AVENUE WEST~~ Delete
BRADENTON FL 34280
US



3. Date Incorporated or Qualified

04/17/1986

3a. Date of Last Report

03/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22

City & State

27 City & State

23

Zip

Country

28 Zip

Country

24

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 ☒ DELETE
NAME TURALBA, EVELYN
STREET ADDRESS 5912 SHORE ACRES DR., N.W.
CITY-ST-ZIP BRADENTON FL

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME Demetree, Sharon
1.3 STREET ADDRESS 1312 Riverview Cir N.W.
1.4 CITY-ST-ZIP Bradenton, FL. 34209

TITLE V ☒ DELETE
NAME DAY, ANN
STREET ADDRESS 2611 BAY DR.
CITY-ST-ZIP BRADENTON FL

2.1 TITLE V ☒ Change ☐ Addition
2.2 NAME Acosta, Angela
2.3 STREET ADDRESS P.O. Box 14447
2.4 CITY-ST-ZIP Bradenton, FL.

TITLE S ☒ DELETE
NAME ACOSTA, ANGELA
STREET ADDRESS PO BOX 14447 N/A
CITY-ST-ZIP BRADENTON FL

3.1 TITLE S ☒ Change ☐ Addition
3.2 NAME Thomas, Mary
3.3 STREET ADDRESS 4610 Riverview Blvd.
3.4 CITY-ST-ZIP Bradenton, FL. 34209

TITLE T ☒ DELETE
NAME DEMETREE, SHARON
STREET ADDRESS 1312 RIVERVIEW CIR. N.W.
CITY-ST-ZIP BRADENTON FL

4.1 TITLE T ☒ Change ☐ Addition
4.2 NAME Soler, Susan
4.3 STREET ADDRESS 2416 Landings Cir. N.W.
4.4 CITY-ST-ZIP Bradenton, FL. 34209

TITLE D ☒ DELETE
NAME WHALEY, SUE
STREET ADDRESS 1203 62ND ST., N.W.
CITY-ST-ZIP BRADENTON FL

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME Turalba, Evelyn
5.3 STREET ADDRESS 5912 Shore Acrea Dr.N.W.
5.4 CITY-ST-ZIP Bradenton, FL. 34209

TITLE D ☒ DELETE
NAME ROGERS, BETTY
STREET ADDRESS 6500 RIVERVIEW BLVD.
CITY-ST-ZIP BRADENTON FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Susan C. Soler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96 941-794-2996
Date Daytime Phone #

CR2E037 (12/95)