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Feb 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N14651 (6)

1. Corporation Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI  
ON, INC.

Principal Place of Business

4808 26TH STREET WEST  
2722 MANATEE AVENUE WEST  
BRADENTON FL 34207  
US

Mailing Address

POST OFFICE BOX 14113  
2722 MANATEE AVENUE WEST  
BRADENTON FL 34280-4113  
US

3. Date Incorporated or Qualified  
04/17/1986

3a. Date of Last Report  
01/30/1996

4. FEI Number  
59-2730075

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

TITLE PD ☒ DELETE  
NAME DEMETREE, SHARON  
STREET ADDRESS 1312 RIVERVIEW CIRCLE NW  
CITY-ST-ZIP BRADENTON FL

TITLE V ☒ DELETE  
NAME ACOSTA, ANGELA  
STREET ADDRESS POST OFFICE BOX 14447  
CITY-ST-ZIP BRADENTON FL

TITLE S ☒ DELETE  
NAME THOMAS, MARY  
STREET ADDRESS 4810 RIVERVIEW BLVD  
CITY-ST-ZIP BRADENTON FL

TITLE T ☒ DELETE  
NAME SOLER, SUSAN  
STREET ADDRESS 2418 LANDINGS CIR. NW  
CITY-ST-ZIP BRADENTON FL

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition  
1.2 NAME Suzanne Thomas  
1.3 STREET ADDRESS 210 Peacock Lane  
1.4 CITY-ST-ZIP Holmes Beach, FL 34217

2.1 TITLE President-Elect ☒ Change ☐ Addition  
2.2 NAME Julie Chin  
2.3 STREET ADDRESS 4712 Mangrove Point Road  
2.4 CITY-ST-ZIP Bradenton, FL 34210

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

4.1 TITLE T ☒ Change ☐ Addition  
4.2 NAME Coleen Milazzo  
4.3 STREET ADDRESS 8342 9th Avenue Terrace, NW  
4.4 CITY-ST-ZIP Bradenton, FL 34209

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME Sharon Demetree  
5.3 STREET ADDRESS 1312 Riverview Circle, W.W  
5.4 CITY-ST-ZIP Bradenton, FL 34209

6.1 TITLE D ☐ Change ☒ Addition  
6.2 NAME Betty Rogers  
6.3 STREET ADDRESS 6500 Riverview Blvd. W.  
6.4 CITY-ST-ZIP Bradenton, FL 34209

14. I do 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.

SIGNATURE: Coleen Milazzo

1/22/97

941-761-0604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064225

CP2E037 (9/96)