

FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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  
US**



3. Date Incorporated or Qualified

**04/17/1986**

4. FEI Number

**59-2730075**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

**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

☐ DELETE

**TITLE PD  
NAME THOMAS, SUZANNE  
STREET ADDRESS 210 PEACOCK LANE  
CITY-ST-ZIP HOLMES BEACH FL**

☒ DELETE

**TITLE P  
NAME CHIN, JULIE  
STREET ADDRESS 4712 MANGROVE POINT ROAD  
CITY-ST-ZIP BRADENTON FL**

☐ DELETE

**TITLE S  
NAME THOMAS  
STREET ADDRESS 4610 RIVERVIEW BLVD., W  
CITY-ST-ZIP BRADENTON FL**

☐ DELETE

**TITLE T  
NAME MILAZZO, COLEEN  
STREET ADDRESS 8342 9TH AVENUE TERRACE, NW  
CITY-ST-ZIP BRADENTON FL**

☒ DELETE

**TITLE D  
NAME DEMETREE, SHARON  
STREET ADDRESS 1312 RIVERVIEW CIRCLE, NW  
CITY-ST-ZIP BRADENTON FL**

☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

**1.1 TITLE D  
1.2 NAME Betsy Lieberman  
1.3 STREET ADDRESS Bradenton, FL  
1.4 CITY-ST-ZIP**

☐ Change ☒ Addition

**2.1 TITLE D  
2.2 NAME Blanca Moscoso  
2.3 STREET ADDRESS Bradenton, FL 34209  
2.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP**

☐ Change ☐ Addition

**6.1 TITLE  
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.

SIGNATURE:

*Colleen P. Milazzo*

May 1, 1998 941-761-0604

CR2E037 (10/97)