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**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90025 049 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N14651**

1. Corporation Name  
**MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION, 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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/17/1986
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-2730075
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
23. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24. Zip Country	29. Zip Country	30. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 **Cobbe, Fraser**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**4808 26th St. West**  
 83  
 84 City **Bradenton** FL 85 Zip Code **34207**

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]* DATE **1/12/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS, SUZANNE	
STREET ADDRESS	210 PEACOCK LANE	
CITY-ST-ZIP	HOLMES BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSCOSO, BLANCA	
STREET ADDRESS	4712 MANGROVE POINT ROAD	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	THOMAS	
STREET ADDRESS	4610 RIVERVIEW BLVD., W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MILAZZO, COLEEN	
STREET ADDRESS	8342 9TH AVENUE TERRACE, NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROGERS, BETTY	
STREET ADDRESS	6500 RIVERVIEW BLVD., W	
CITY-ST-ZIP	BRADENTON FL	
TITLE	<i>[Signature]</i>	<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Susan Soder	
1.3 STREET ADDRESS	2416 Landings Cirde NW	
1.4 CITY-ST-ZIP	Bradenton, FL 34209	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Blanca Moscoso	
2.3 STREET ADDRESS	2714 Palma Sola Blvd	
2.4 CITY-ST-ZIP	Bradenton, FL 34209	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lynne Weintraub	
3.3 STREET ADDRESS	6915 Riverview Blvd	
3.4 CITY-ST-ZIP	Bradenton, FL 34209	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Suzanne Thomas	
4.3 STREET ADDRESS	210 Peacock Lane	
4.4 CITY-ST-ZIP	Holmes Beach, FL	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<i>[Signature]</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Lisa Scott	
6.3 STREET ADDRESS	14 Tidy Island Blvd.	
6.4 CITY-ST-ZIP	Bradenton, FL 34210	

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/9/99** DAYTIME PHONE #: **(941) 795-8340**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/1/98)