

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 17, 2001 8:00 am
Secretary of State

04-17-2001 90098 012 ****61.25

DOCUMENT # N14651

1. Entity Name

MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

delete 2722 manatee W
Suite, Apt. #, etc.
4808 26th ST. W.

3. Mailing Address

delete 2722 manatee W
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2730075

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COBBE, FRASER
4808 26TH ST W.
BRADENTON FL 34207

7. Name and Address of New Registered Agent

Name Manatee County Medical Society

Street Address (P.O. Box Number is Not Acceptable)

4808 26th ST. W. enr

City Bradenton FL Zip Code 34207

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME SOLER, SUSAN
STREET ADDRESS 2416 LANDINGS CIRCLE NW
CITY-ST-ZIP BRADENTON FL 34209 ☒ Delete

TITLE D
NAME MOSCOSO, BLANCA
STREET ADDRESS 2741 PALMA SOLA BLVD
CITY-ST-ZIP BRADENTON FL 34209 ☐ Delete

TITLE S
NAME WEINTRAUB, LYNNE
STREET ADDRESS 6915 RIVERVIEW BLVD
CITY-ST-ZIP BRADENTON FL 34209 ☒ Delete

TITLE D
NAME HUNEIN, GERMINE
STREET ADDRESS 1809 91ST ST NW
CITY-ST-ZIP BRADENTON FL 34209 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME Mininda Hill
STREET ADDRESS 2708 Bay Dr.
CITY-ST-ZIP Bradenton, FL 34207 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE T
NAME KARIN GRABIN
STREET ADDRESS 1118 Palma Sola Blvd
CITY-ST-ZIP Bradenton, FL 34209 ☒ Change ☐ Addition

TITLE S
NAME SMADLYN PROCTOR
STREET ADDRESS PO Box 14224
CITY-ST-ZIP Bradenton, FL 34280-4224 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

BRADENTON MEDICAL SOCIETY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01

Date

Daytime Phone #

CR2E037 (10/00)