

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90165 009 \*\*\*\*61.25

**DOCUMENT # N14651**

1. Entity Name

**MANATEE COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATI  
ON, INC.**

Principal Place of Business

Mailing Address

**4808 26TH ST WEST  
BRADENTON FL 34207  
US**

**POST OFFICE BOX 14113  
BRADENTON FL 34280  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

Name

**LACHER, MAGGIE**

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

**4808 26TH ST. WEST**

City

**BRADENTON**

**FL**

Zip Code

**34207**

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

*Maggie Lacher*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **PD**  
STREET ADDRESS **HILL, MIRINDA**  
CITY-ST-ZIP **2708 BAY DRIVE  
BRADENTON FL 34207**

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

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

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

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **GRABLIN, KARIN**  
CITY-ST-ZIP **1118 PALMA SOLA BLVD  
BRADENTON FL 34209**

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

TITLE ☐ Delete  
NAME **S**  
STREET ADDRESS **PROCTOR, MARILYN**  
CITY-ST-ZIP **PO BOX 14224  
BRADENTON FL 34280-4224**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

*KARINA GRABLIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**KARINA GRABLIN 4/2/02 (941) 746-3216**

CR2E037 (9/01)