

FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N15587** (1)
1. Corporation Name
MEDICAL EDUCATION COUNCIL OF PENSACOLA, INC.



Principal Place of Business Mailing Address
MEDICAL EDUCATIONAL COUNCIL
5151 NORTH NINTH AVE
PENSACOLA FL 32504
US

3. Date Incorporated or Qualified

06/18/1986

4. FEI Number

59-2699473

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

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

10. Name and Address of New Registered Agent

ROUSH, LINDA
5151 NORTH NINTH AVE.
PENSACOLA FL 32504

81 Name

C. Fenner McConnell M.D.

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

5151 N. NINTH AV

83

Pensacola FL

84 City

Pensacola

FL

85 Zip Code

32504

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

C. Fenner McConnell

3/04/98

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D MADDEN, PATRICK**
STREET ADDRESS **5151 N. NINTH AVE.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE
NAME **D BRANDT, STEPHEN**
STREET ADDRESS **8383 N. DAVIS HWY.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☐ DELETE
NAME **D TORRES, ADELAIDA**
STREET ADDRESS **4800 N. NINTH AVE.**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☒ DELETE
NAME **D LEHAMANN, DALE**
STREET ADDRESS **8333 N. DAVIS HWY.**
CITY-ST-ZIP **PENSACOLA FL 32514**

TITLE ☒ DELETE
NAME **D BELL, WILLIAM R.**
STREET ADDRESS **5151 N. NINTH AVE.**
CITY-ST-ZIP **PENSACOLA FL 32504**

TITLE ☐ DELETE
NAME **D HYBART, JOHN**
STREET ADDRESS **5151 N 9TH AV**
CITY-ST-ZIP **PENSACOLA FL 32504**

1.1 TITLE

D PAUL BAROCO

1.2 NAME

5151 N. NINTH AV

1.3 STREET ADDRESS

Pensacola FL 32504

1.4 CITY-ST-ZIP

2.1 TITLE

D/P Ronald McPhail

2.2 NAME

8383 N. Davis Hwy

2.3 STREET ADDRESS

Pensacola FL 32514

2.4 CITY-ST-ZIP

3.1 TITLE

D/C Fenner McConnell

3.2 NAME

5151 N. NINTH AV

3.3 STREET ADDRESS

Pensacola FL 32504

3.4 CITY-ST-ZIP

4.1 TITLE

D. Bayard Miller

4.2 NAME

8383 N. Davis Hwy

4.3 STREET ADDRESS

Pensacola FL 32514

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

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:

C. Fenner McConnell

2/5/98

850/416-1165

Date

Daytime Phone # 850-416-1165

CR2E037 (10/97)