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May 15 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17653 (9)

1. Corporation Name

DUVAL COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION
, INC.

Principal Place of Business

Mailing Address

515 LOMAX STREET.
JACKSONVILLE FL 32204

515 LOMAX STREET.
JACKSONVILLE FL 32204-4115



3. Date Incorporated or Qualified
11/04/1986

3a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP H
515 LOMAX STREET.
JACKSONVILLE FL 32204

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME KARTSONIS, M. HOLLY
STREET ADDRESS 8218 BAHIA BLANCA CT.
CITY-ST-ZIP JACKSONVILLE FL 32256

☒ DELETE

1.1 TITLE P/D
1.2 NAME DOLAN, CHERYL
1.3 STREET ADDRESS 1205 MAPLETON RD.
1.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

☒ Change ☐ Addition

TITLE PED
NAME DOLAN, CHERYL
STREET ADDRESS 1205 MAPLETON RD.
CITY-ST-ZIP JACKSONVILLE FL 32207

☒ DELETE

2.1 TITLE PE/D
2.2 NAME HARMON, JOAN
2.3 STREET ADDRESS 4233 MORENA LN
2.4 CITY-ST-ZIP JACKSONVILLE, FL 32207

☒ Change ☐ Addition

TITLE VD
NAME GROBLE, MARTYE
STREET ADDRESS 4424 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ DELETE

3.1 TITLE VP/D
3.2 NAME QUINLAN, DIANA
3.3 STREET ADDRESS 6644 Epping Forest Way N.
3.4 CITY-ST-ZIP Jacksonville, FL 32217

☒ Change ☐ Addition

TITLE S
NAME MCDONAGH, LAURIE
STREET ADDRESS 2836 FOREST CIR
CITY-ST-ZIP JACKSONVILLE FL

☒ DELETE

4.1 TITLE S
4.2 NAME JIMENEZ, VICKI
4.3 STREET ADDRESS 116 Seven Iron Ct.
4.4 CITY-ST-ZIP Ponte Vedra Beach, FL 32082

☒ Change ☐ Addition

TITLE TD
NAME BARAKAT, LILIANE
STREET ADDRESS 4258 ORTEGA FOREST DR.
CITY-ST-ZIP JACKSONVILLE FL 32210

☐ DELETE

5.1 TITLE D
5.2 NAME KARTSONIS, HOLLY
5.3 STREET ADDRESS 8218 Bahia Blanca Ct.
5.4 CITY-ST-ZIP Jacksonville, FL 32256

☐ Change ☒ Addition

TITLE SD
NAME MAYER, PENNY
STREET ADDRESS 4539 BASS PL. S.
CITY-ST-ZIP JACKSONVILLE FL 32210

☒ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)