2000 UNIFORM BUSINESS REPORT (UBR)

04-14-2001 90039 034 ***297.50
N17653
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 APR 24 AM 8:40

DOCUMENT # N17653

1. Entity Name

DUVAL COUNTY MEDICAL SOCIETY ALLIANCE FOUNDATION

Principal Place of Business	Mailing Address
1045 RIVERSIDE AVE 190 JACKSONVILLE FL 32204 US	P O BOX 40465 JACKSONVILLE FL 32203-465 US

DO NOT WRITE IN THIS SPACE REINSTATEMENT 00-01

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 59-2951817 ☐ 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
GILBERT, PHILIP H 1045 RIVERSIDE AVE 190 JACKSONVILLE FL 32204	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 Philip H. Gilbert 4-9-01
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
After September 13, 2000 min. will be $236.25

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOLAN, CHERYL 1205 MAPLETON RD JACKSONVILLE FL 32207	☒ Delete	D President Ervin, Gonyer 800 S. Edgewood Ave, Jacksonville, Fl. 32205	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARMON, JOAN 4233 MORENA LANE JACKSONVILLE FL 32207	☒ Delete	~~PD~~ President-Elect Karen Merrell 8041 James Island Trail Jacksonville FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S QUINLAN, DIANA 6644 EPPING FOREST WAY N JACKSONVILLE FL 32217	☒ Delete	VPD Vice-President Susan Koslowske 8118 Middlefork Way Jacksonville, FL 32256	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD CAHILL, ANN 13747 HAMMOCK CAY DR JACKSONVILLE FL 32225	☒ Delete	VPD Vice-President Delinda Moore 1601 Ocean Dr. South #403 Jacksonville Beach, FL 32250	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BRANDON, DONNA 814 CHICOPIT LANE JACKSONVILLE FL 32225	☒ Delete	Shar Donovan, Secretary 7610 Shuellan Trail West Jacksonville, FL 32217	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Joan Henderson Treasurer 8470 St. Johns Ave. #5G Jacksonville, Fl. 32205	☐ Change ☒ Addition

CR2E037 (5/00)

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: SIGNATURE REQUIRED 4-10-01 904-389-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

4/17