2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2004
Secretary of State

DOCUMENT# N18160

Entity Name: PINELLAS COUNTY MEDICAL SOCIETY ALLIANCE, INC.

Current Principal Place of Business:

7411 114TH AVE, N
SUITE 305
LARGO, FL 33773 US

New Principal Place of Business:

Current Mailing Address:

7411 114TH AVE, N
SUITE 305
LARGO, FL 33773

New Mailing Address:

FEI Number: 59-2861711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CALDWELL, CARYN M
7411 114TH AVE N
SUITE 305
LARGO, FL 33773 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: T/D ( ) Delete
Name: JOHNSON, ROSS
Address: 1962 HAWAII AVE NE
City-St-Zip: ST. PETERSBURG, FL 33704 US

Title: D ( ) Delete
Name: CANO, ELENA
Address: 1920 CHERRY ST NE
City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: D ( ) Delete
Name: CARLSON, CHERYL
Address: 156 RAMON WAY NE
City-St-Zip: SAINT PETERSBURG, FL 33704 US

Title: D ( ) Delete
Name: ADKINS, CHRISTINE
Address: 1621 CHESTNUT CT. E.
City-St-Zip: PALM HARBOR, FL 34683 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL CARLSON D 09/10/2004
Electronic Signature of Signing Officer or Director — Date