FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N25064 (9)

1. Corporation Name

THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business	Mailing Address
760 RIVERSIDE AVE. P.O. BOX 2411 JACKSONVILLE FL 32203	760 RIVERSIDE AVE. P.O. BOX 2411 JACKSONVILLE FL 32203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/26/1988 — 3a. Date of Last Report: 08/02/1994
4. FEI Number: 59-2896690 — ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JONES, DONALD C 760 RIVERSIDE AVENUE JACKSONVILLE FL 32203	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 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	S — ☐ Change ☒ Addition
NAME	JONES, DONALD	1.2 NAME	Wingo, Diane
STREET ADDRESS	760 RIVERSIDE AVE.	1.3 STREET ADDRESS	2137 SE Millcreek Dr
CITY ST ZIP	JACKSONVILLE FL	1.4 CITY ST ZIP	Ocala, FL
TITLE	PED	2.1 TITLE	PD — ☒ Change ☐ Addition
NAME	TAYLOR, FLORA J	2.2 NAME	Taylor, Flora Jo
STREET ADDRESS	1302 BUCKWOOD DR	2.3 STREET ADDRESS	1302 Buckwood Dr.
CITY ST ZIP	ORLANDO FL	2.4 CITY ST ZIP	Orlando, FL
TITLE	PD	3.1 TITLE	☐ Change ☐ Addition
NAME	REEDER, MEREDITH P	3.2 NAME	
STREET ADDRESS	1125 N LKAE SHORE DR	3.3 STREET ADDRESS	
CITY ST ZIP	SARASOTA FL	3.4 CITY ST ZIP	
TITLE	TD	4.1 TITLE	VP — ☒ Change ☐ Addition
NAME	HUTTON, MARGE	4.2 NAME	Hutton, Marge
STREET ADDRESS	2610 HOLLY POINT RD W	4.3 STREET ADDRESS	2610 Holly Point Rd W
CITY ST ZIP	ORANGE PARK FL	4.4 CITY ST ZIP	Orange Park, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] [signature] 5/1/95 (904) 356-1571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024859