

DOCUMENT # N25064

1. Entity Name

THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDAT

FILED
May 31, 2000 8:00 am
Secretary of State

05-08-2000 90135 011 ****61.25

Principal Place of Business

Mailing Address

123 S. ADAMS ST.
 P.O. BOX 10269
 TALLAHASSEE FL 32302

123 S. ADAMS ST.
 P.O. BOX 10269
 TALLAHASSEE FL 32302-2269

2. Principal Place of Business

113 E. College Avenue

3. Mailing Address

PO Box 10269

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee, FL

City & State

Tallahassee, FL

4. FEI Number

59-2896690

Applied For

Not Applicable

Zip

32301

Country

Leon

Zip

32302

Country

Leon

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FOY, DONALD F SR.
 123 SOUTH ADAMS STREET
 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name

Sandra B. Mortham

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

113 E. College Avenue

City

Tallahassee

FL

Zip Code

32301

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

Sandra B. Mortham, EVP-CEO
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-27-00

DATE

FILE NOW:
FEE IS \$61.25

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

TITLE: CEO
 NAME: FOY, DONALD F SR.
 STREET ADDRESS: 123 SOUTH ADAMS
 CITY-ST-ZIP: TALLAHASSEE FL 32301 ☒ Delete

TITLE: PD
 NAME: MOLINET, KATHY
 STREET ADDRESS: 1837 SE 7TH STREET
 CITY-ST-ZIP: FT. LAUDERDALE FL 33316 ☒ Delete

TITLE: TD
 NAME: WINCHESTER, CAROL
 STREET ADDRESS: 1736 TARPON DRIVE
 CITY-ST-ZIP: TALLAHASSEE FL 32308 ☐ Delete

TITLE: VPD
 NAME: HILL, EMILY
 STREET ADDRESS: 4595 FRANCISCO ROAD
 CITY-ST-ZIP: PENSACOLA FL 32504 ☐ Delete

TITLE: S
 NAME: RUBENSTEIN, BETTY
 STREET ADDRESS: 13301 PONDEROSA WAY
 CITY-ST-ZIP: FT. MYERS FL 33907 ☒ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: EVP/CEO
 NAME: Sandra B. Mortham
 STREET ADDRESS: 113 E. College Avenue
 CITY-ST-ZIP: Tallahassee, FL 32301 ☐ Change ☒ Addition

TITLE: Treas. D
 NAME: Maggie O'Steen
 STREET ADDRESS: 563 Pochontas Drive
 CITY-ST-ZIP: Ft. Walton Beach, FL 32547 ☐ Change ☒ Addition

TITLE: Pres. Elect D
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: Pres. D
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☒ Change ☐ Addition

TITLE: Secret. D
 NAME: Nancy Lascheid
 STREET ADDRESS: 372 Edgemere Way, N.
 CITY-ST-ZIP: Naples, FL 34105 ☐ Change ☒ Addition

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00 2246496

CR2E037 (9/99)