

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90079 006 ****61.25

DOCUMENT # N25064
 1. Entity Name
THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Principal Place of Business Mailing Address
113 E. COLLEGE AVE P O BOX 10269
TALLAHASSEE FL 32301 TALLAHASSEE FL 32302

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2896690** 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
MORTHAM, SANDRA B
113 E. COLLEGE AVE
TALLAHASSEE FL 32301
 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 *Sandra B. Mortham* **Sandra B. Mortham 4/9/02**
 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 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	EVCD MORTHAM, SANDRA B 113 E. COLLEGE AVE TALLAHASSEE FL 32301	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Joan Harmon 4233 Morena Lane Jacksonville, FL 32207
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD O'STEEN, MAGGIE 563 POCOHONTAS DR FORT WALTON BEACH FL 32547	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TD Nancy Jablonski 205 Majestic Oak Dr Altamonte Springs FL 32714
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PD WINCHESTER, CAROL 1736 TARPON DRIVE TALLAHASSEE FL 32308	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PED Johns, Kathy 920 Bambi Drive Destin, FL 32541
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete SD LASCHEID, NANCY 372 EDMERE WAY N NAPLES FL 34105	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete PED MARCUS, ROCHELLE 6058 NW 71ST TERR PARKLAND FL 33067-1208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PED marcus, Rochelle 6058 NW 71st Terr Parkland, FL 33067-1208
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 *Sandra B. Mortham* **Sandra B. Mortham 4/9/02 224-6496**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/01)