

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25064

FILED  
Apr 27, 2004  
Secretary of State

**Entity Name:** THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

**Current Principal Place of Business:**

113 E. COLLEGE AVE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 10269  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** 59-2896690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MORTHAM, SANDRA B  
113 E. COLLEGE AVE  
TALLAHASSEE, FL 32301 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: EVPD ( ) Delete  
Name: MORTHAM, SANDRA B  
Address: 113 E. COLLEGE AVE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD ( ) Delete  
Name: ANNE, GRENITZ  
Address: 11041 NW 7TH STREET  
City-St-Zip: PLANTATION, FL 33324

Title: PD ( ) Delete  
Name: JOHNS, KATHY  
Address: 920 BAMBI DRIVE  
City-St-Zip: DESTIN, FL 32541

Title: SD ( ) Delete  
Name: CHERYL, DOLAN  
Address: 1205 MAPLETON ROAD  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: TD (X) Change ( ) Addition  
Name: XAVIER, ROSEMARY  
Address: 748 LAKESIDE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PD (X) Change ( ) Addition  
Name: SEYMORE, RITA  
Address: 892 SW 35TH LANE  
City-St-Zip: OCALA, FL 34474

Title: SD (X) Change ( ) Addition  
Name: ELINOR, PALADINE  
Address: 8516 CESSNA DRIVE  
City-St-Zip: NEW PORT RICHEY, FL 34654

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: SANDRA B. MORTHAM

EVPD

04/27/2004

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date