

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N25064

FILED
Apr 23, 2003
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: EVCD () Delete
Name: MORTHAM, SANDRA B
Address: 113 E. COLLEGE AVE
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: JABLONSKI, NANCY
Address: 205 MAJESTIC OAK DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32715

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

Title: SD () Delete
Name: HARMON, JOAN
Address: 4233 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: PD (X) Delete
Name: MARCUS, ROCHELLE
Address: 6058 NW 71ST TERR
City-St-Zip: PARKLAND, FL 330671208

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: SANDRA B MORTHAM

EVPD

04/23/2003

Electronic Signature of Signing Officer or Director

Date