

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N36206 (3)**  
1. Corporation Name  
**AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.**



Principal Place of Business

Mailing Address

**2862 O'HARA DRIVE  
TALLAHASSEE FL 32308**

**P.O. BOX 1736  
TALLAHASSEE FL 32302**

3. Date Incorporated or Qualified  
**01/22/1990**

3a. Date of Last Report  
**04/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

**51-0172866**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SPREHN, MARY T.  
2862 O'HARA DRIVE  
TALLAHASSEE FL 32308**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

**MARY T. SPREHN, EXEC. DIRECTOR, Mary T. Sprehn**

**2/16/96**

Signature, type 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 **P** ☐ DELETE  
NAME **JORDAN, CAROL**  
STREET ADDRESS **758 STONEHOUSE RD.**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **GARNER, ROBERT L**  
STREET ADDRESS **35 SW 27TH AVE.**  
CITY-ST-ZIP **MIAMI FL 33135**

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **JOHNSON, JAN**  
STREET ADDRESS **TAMPA GENERAL HOSPITAL**  
CITY-ST-ZIP **TAMPA FL**

31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **MOGIL, BARRY**  
STREET ADDRESS **2190 SO. BELCHER RD.**  
CITY-ST-ZIP **LARGO FL 34641**

41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **SPREHN, MARY T**  
STREET ADDRESS **2862 O'HARA DR.**  
CITY-ST-ZIP **TALLAHASSEE FL 32308**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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:

**Mary T. Sprehn**  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/16/96** **(904) 668-7269**  
DATE Daytime Phone

CR2E037 (12/95)