


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N36206 (3) 1. Corporation Name AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.					
Principal Place of Business 2862 O'HARA DRIVE TALLAHASSEE FL 32308			Mailing Address P.O. BOX 1736 TALLAHASSEE FL 32302		
2. Principal Place of Business 21 2862 O'HARA DR Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 1736 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 01/22/1990	
City & State 23 TALLAHASSEE, FL Zip 24 32308		City & State 28 TALLAHASSEE, FL Zip 29 32302		4. FEI Number 51-0172866	
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent SPREHN, MARY T. 2862 O'HARA DRIVE TALLAHASSEE FL 32308			10. Name and Address of New Registered Agent 81 Name N/A 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 <i>Mary T. Sprehn, Exec. Director</i> DATE <i>January 29, 1998</i> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
TITLE	P <input checked="" type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME	JORDAN, CAROL	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
STREET ADDRESS	758 STONEHOUSE RD.	1.2 NAME	P MEEK, TERRY		
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.3 STREET ADDRESS	3244 ARBOR HILL WAY		
TITLE	D <input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32308		
NAME	GARNER, ROBERT L	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	95 SW 27TH AVE.	2.2 NAME			
CITY-ST-ZIP	MIAMI FL 33135	2.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP			
NAME	JOHNSON, JAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	TAMPA GENERAL HOSPITAL	3.2 NAME			
CITY-ST-ZIP	TAMPA FL	3.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP			
NAME	MOGIL, BARRY	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2190 SO. BELCHER RD.	4.2 NAME			
CITY-ST-ZIP	LARGO FL 34641	4.3 STREET ADDRESS			
TITLE	D <input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP			
NAME	SPREHN, MARY T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS	2862 O'HARA DR.	5.2 NAME			
CITY-ST-ZIP	TALLAHASSEE FL 32308	5.3 STREET ADDRESS			
TITLE	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP			
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
STREET ADDRESS		6.2 NAME			
CITY-ST-ZIP		6.3 STREET ADDRESS			
		6.4 CITY-ST-ZIP			

14. 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 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* *January 29, 1998 (850) 668-7267*

CP2E037 (10/97)