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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # N36206 1. Corporation Name

AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

Principal Place of Business 2862 O'HARA DR TALLAHASSEE FL 32308

Mailing Address P.O. BOX 1736

TALLAHASSEE FL 32302

FILED Feb 25, 1999 8:00 am § Secretary of State

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Signature State									
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9. Name and Address of Current Registered Agent SPREHN, MARY T. 2882 O'HARA DRIVE TALLAHASSEE FI. 32308 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 pursuant agent. I am grintlig with, and accept the applications of 17,0503, Florida Statutes. The above named corporation submits this statement for the provisions of Sections 617,0502 and 617,1508, Florida Statutes. The above named corporation submits this statement for the proposition agent. I am grintlig with, and accept the applications of 17,0503, Florida Statutes. The above named corporation submits this statement for the proposition agent as registered agent. I am grintlig with, and accept the applications of 17,0503, Florida Statutes. The above named corporation submits this statement for the proposition as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications as registered agent. I am grintlig with, and accept the applications are registered agent. I am grintlig with, and accept the applications are registered agent. I am grintlig with, and accept the applications are registered agent. I am grintlig with, and accept the applications are registered agent. In the provision of Sections 617,0502 and 617,0503, Florida Statutes. The above registered agent. The application agent required registered agent. The application agent registered agent. The application agent registered ag			City & State 28 / ALLA) + ASS	ee ,	FL	5. Certifcate of Status Desired	1 1		
9. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 81 Name N/A 82 Street Address (P.O. Box Number is Not Acceptable) 83	Zip Country Zip Co				(5.A.	, , ,	, , ,		
SPREHN, MARY T. 2882 O'HARA DRIVE TALLAHASSEE FL 32308 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 agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby scope of changing its registered agent. I am familiar with, and accept the philipathory of Section 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the applications of 1,0502 and 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby scope the appointment as registered agent. I am familiar with, and accept the applications of 1,0502 and 617,0503, Florida Statutes, the above-named corporation's board of directors. I hereby scope of changing its registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with, and accept the appointment as registered agent. I am familiar with an advanced by the companies of changing its registered agent. I hereby scaped the appointment as registered agent. I hereby scaped the appointment agent appointment appears appears required the appointment as registered agent. I hereby scaped the appointment agent appears and application appears agent. In the appointment agent appears agent. In the application appears agent. In the application appears agent. In the application appea	24 000	(1		10. Name and Address of New Re	gistered Agen	t	
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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, with all other like empowered.