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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N36206

1. Corporation Name

AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

Principal Place of Business

2862 O'HARA DR
TALLAHASSEE FL 32308
US

Mailing Address

P.O. BOX 1736
TALLAHASSEE FL 32302



2. Principal Place of Business

21 2862 O'HARA DR.

2a. Mailing Address

26 P.O. Box 1736

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 TALLAHASSEE, FL

City & State

28 TALLAHASSEE, FL

Zip

24 32308

Country

25 U.S.A.

Zip

29 32302

Country

30 U.S.A.

3. Date Incorporated or Qualified

01/22/1990

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

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

Mary T. Sprehn, Executive Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

January 21, 1999

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. ☐ DELETE

TITLE P
NAME MEEK, TERRY
STREET ADDRESS 3244 ARBOR HILL WAY
CITY-ST-ZIP TALLAHASSEE FL 32308

TITLE D ☐ DELETE

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

TITLE D ☐ DELETE

NAME JOHNSON, JAN
STREET ADDRESS TAMPA GENERAL HOSPITAL
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME MOGIL, BARRY
STREET ADDRESS 2190 SO. BELCHER RD.
CITY-ST-ZIP LARGO FL 34641

TITLE D ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
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, with all other like empowered.

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

January 21, 1999 (850) 668-7269
Date Daytime Phone #

CR2E037 (11/98)