

2002 UNIFORM BUSINESS REPORT (UBR)

0005523

DOCUMENT # N36206

1. Entity Name

AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.

FILED

02 MAR -5 PM 4: 42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business 2862 O'HARA DR TALLAHASSEE FL 32308 US | Mailing Address P.O. BOX 1736 TALLAHASSEE FL 32302 US |
|--|---|

| | | | |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

| | |
|------------------------------------|--|
| 4. FEI Number 51-0172866 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|--|
| 6. Name and Address of Current Registered Agent | |
| SPREHN, MARY T. 2862 O'HARA DRIVE TALLAHASSEE FL 32308 | |

| | |
|--|----------|
| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | |
| FL | Zip Code |

8. 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 | (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

FILE NOW: FEE IS \$61.25

| | |
|---|------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|------------------------------------|

Make Check Payable to
Department of State

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MEEK, TERRY 3244 ARBOR HILL WAY TALLAHASSEE FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GARNER, ROBERT L 35 SW 27TH AVE. MIAMI FL 33135 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JOHNSON, JAN TAMPA GENERAL HOSPITAL TAMPA FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MOGIL, BARRY 2190 SO. BELCHER RD. LARGO FL 34641 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SPREHN, MARY T 2862 O'HARA DR. TALLAHASSEE FL 32308 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 600005112486--9 -03/18/02--01025--006 *****61.25 *****61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Mary T. Spohn* **MARY T. SPREHN, Exec. Dir.** 3/4/02 668-7269 850

CR2E037 (9/01)