



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N36206 1. Entity Name AMERICAN TRAUMA SOCIETY, FLORIDA DIVISION, INC.						FILED 04 MAR 16 PM 1:53 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
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 Suite, Apt. #, etc.				3. Mailing Address 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			
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. I am familiar with, and accept the obligations of registered agent.				SIGNATURE <i>Mary T. Sprehn</i> 3/16/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State							
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEEK, TERRY <input checked="" type="checkbox"/> Delete 3244 ARBOR HILL WAY TALLAHASSEE, FL 32308			TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Pam Lesley <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition P.O. Box 655 Crawfordville, FL 32326		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARNER, ROBERT L <input type="checkbox"/> Delete 35 SW 27TH AVE. MIAMI, FL 33135			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAN <input type="checkbox"/> Delete TAMPA GENERAL HOSPITAL TAMPA, FL			TITLE NAME STREET ADDRESS CITY-ST-ZIP	400030932714 03/23/04--01072--002 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOGIL, BARRY <input type="checkbox"/> Delete 2190 SO. BELCHER RD. LARGO, FL 34641			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPREHN, MARY T <input type="checkbox"/> Delete 2862 O'HARA DR. TALLAHASSEE, FL 32308			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"/> Delete			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: <i>Mary T. Sprehn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				3/16/04 (850)668-7269 <small>Daytime Phone #</small>			