

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

1996 2-1296 B 1013 C

DOCUMENT # **N40597 (9)**

1. Corporation Name

**AUXILIARY TO THE DUVAL COUNTY MEDICAL SOCIETY IN C.**



Principal Place of Business Mailing Address  
**515 LOMAX ST JACKSONVILLE FL 32204-4135 US**

3. Date Incorporated or Qualified <b>10/29/1990</b>	3a. Date of Last Report <b>04/19/1995</b>
4. FEI Number <b>59-3043162</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Mailing Address Suite, Apt. #, etc.	26. City & State	27. Zip	28. Country	29. Zip	30. Country
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**9. Name and Address of Current Registered Agent**

**GILBERT, PHILIP  
515 LOMAX STREET  
JACKSONVILLE FL 32204**

**10. Name and Address of New Registered Agent**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			<b>FL</b>	

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**

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>SOORIASH, LINDA</b>	1.1 TITLE <b>President (P)</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>409 MAGNOLIA BLUFF AVE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	1.2 NAME <b>Holly Kartsonis</b>	
		1.3 STREET ADDRESS <b>8218 Bahia Blanca Ct</b>	
		1.4 CITY-ST-ZIP <b>Jacksonville, FL 32256</b>	
TITLE <b>TD</b>	NAME <b>DOLAN, CHERYL</b>	2.1 TITLE <b>Treasurer (TO)</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS <b>1205 MAPLETON RD</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32207</b>	2.2 NAME <b>Liliane Barakat</b>	
		2.3 STREET ADDRESS <b>4255 Ortega Forest Drive</b>	
		2.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b>	
TITLE <b>D</b>	NAME <b>HASBANI, HARRIETT</b>	3.1 TITLE <b>President - elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>5102 SANTA CRUZ LANE</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32210</b>	3.2 NAME <b>Dolan, Cheryl</b>	
		3.3 STREET ADDRESS <b>1205 Mapleton Rd</b>	
		3.4 CITY-ST-ZIP <b>Jacksonville, FL 32207</b>	
TITLE <b>D</b>	NAME <b>REAGAN, SUELLA</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>2280 SHEPARD ST., #604</b>	CITY-ST-ZIP <b>JACKSONVILLE FL 32211</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	NAME <b>VENUS, NAHID</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>824 WATERMAN RD S.</b>	CITY-ST-ZIP <b>JACKSONVILLE FL</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Holly Kartsonis Holly Kartsonis Date 2/1/96 Daytime Phone # 645-5526

CR2E037 (12/95)