

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40597 (9)

1. Corporation Name

~~AUXILIARY TO THE DUVAL COUNTY MEDICAL SOCIETY~~ NC
ALLIANCE, INC. (Name change on record)

Principal Place of Business

Mailing Address

515 LOMAX ST
JACKSONVILLE FL 32204-4135
US515 LOMAX ST
JACKSONVILLE FL 32204-4115
US3. Date Incorporated or Qualified
10/29/19903a. Date of Last Report
02/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

Zip

Country

Zip

Country

4. FEI Number

59-3043162

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GILBERT, PHILIP
515 LOMAX STREET
JACKSONVILLE FL 32204

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETENAME ~~KARTSONIS, HOLLY~~
STREET ADDRESS ~~8218 BAHIA BLANCA CT~~
CITY - ST - ZIP JACKSONVILLE FL1.1 TITLE P ☒ Change ☐ Addition1.2 NAME DOLAN, CHERYL
1.3 STREET ADDRESS 1205 MAPLETON RD.
1.4 CITY - ST - ZIP JACKSONVILLE, FL 32207TITLE PE ☒ DELETENAME DOLAN, CHERYL
STREET ADDRESS 1205 MAPLETON RD
CITY - ST - ZIP JACKSONVILLE FL2.1 TITLE PE ☒ Change ☒ Addition2.2 NAME Joan Harmon
2.3 STREET ADDRESS 4233 Morena Lane
2.4 CITY - ST - ZIP Jacksonville, FL 32207TITLE D ☒ DELETENAME HASBANI, HARRIETT
STREET ADDRESS 5102 SANTA CRUZ LANE
CITY - ST - ZIP JACKSONVILLE FL 322103.1 TITLE D ☒ Change ☐ Addition3.2 NAME Holly Kartsonis
3.3 STREET ADDRESS 8218 Bahia Blanca Ct.
3.4 CITY - ST - ZIP Jacksonville, FL 32206TITLE D ☒ DELETENAME REAGAN, SUELLA
STREET ADDRESS 2280 SHEPARD ST., #804
CITY - ST - ZIP JACKSONVILLE FL 322114.1 TITLE D ☒ Change ☐ Addition4.2 NAME Linda Sooriash
4.3 STREET ADDRESS 409 Magnolia Bluff Ave.
4.4 CITY - ST - ZIP Jacksonville, FL 32211TITLE D ☐ DELETENAME VENUS, NAHID
STREET ADDRESS 824 WATERMAN RD S.
CITY - ST - ZIP JACKSONVILLE FL5.1 TITLE ☐ Change ☐ Addition5.2 NAME 700002195537
5.3 STREET ADDRESS -05/30/97--01004--025
5.4 CITY - ST - ZIP ***\$61.25TITLE TD ☐ DELETENAME BARAKAT, LILIANE
STREET ADDRESS 4258 ORTEGA FOREST DRIVE
CITY - ST - ZIP JACKSONVILLE FL6.1 TITLE T ☒ Change ☐ Addition6.2 NAME Barakat, Liliane
6.3 STREET ADDRESS 4258 Ortega Forest Dr.
6.4 CITY - ST - ZIP Jacksonville, FL

14. I do 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.

SIGNATURE: Cheryl A. Dolan, CHERYL B. DOLAN, PRES. 4/21/97 904/396-7119

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone 904/396-7119

CR2E037 (9/96)