

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N40597 (9)**
1. Corporation Name
DUVAL COUNTY MEDICAL SOCIETY ALLIANCE, INC.



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

3. Date Incorporated or Qualified 10/29/1990
4. FEI Number 59-3043162
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 1045 RIVERSIDE AVENUE Suite, Apt. #, etc. 22 #190 City & State 23 JACKSONVILLE, FL Zip 24 32204	2a. Mailing Address 26 P.O. Box 40465 Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32203-0465 Country 30 USA
--	---

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 GILBERT, PHILIP 82 Street Address (P.O. Box Number is Not Acceptable) 1045 RIVERSIDE AVENUE 83 #190 84 City JACKSONVILLE FL 85 Zip Code 32204
--	--

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARTSONIS, HOLLY	1.2 NAME	HARMON, JOAN
STREET ADDRESS	8218 BAHIA BLANCA CT	1.3 STREET ADDRESS	4233 MORENA LANE
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	JACKSONVILLE, FL 32207
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOLAN, CHERYL	2.2 NAME	VICKI JIMENEZ
STREET ADDRESS	1205 MAPLETON RD	2.3 STREET ADDRESS	116 SEVEN IRON COURT
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	BOYD VEDRA BEACH, FL 32082
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	QUINLAN, DIANA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOORASH, LINDA	3.2 NAME	6644 EPPING FOREST WAY N.
STREET ADDRESS	409 MAGNOLIA BLUFF AVENUE	3.3 STREET ADDRESS	JACKSONVILLE, FL 32217
CITY - ST - ZIP	JACKSONVILLE FL 32211	3.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VENUS, NAHID	4.2 NAME	JAMISON, PAT
STREET ADDRESS	824 WATERMAN RD S.	4.3 STREET ADDRESS	6839 LINFORD LANE
CITY - ST - ZIP	JACKSONVILLE FL	4.4 CITY - ST - ZIP	JACKSONVILLE, FL 32217
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BARAKAT, LILIANE	5.2 NAME	
STREET ADDRESS	4258 ORTEGA FOREST DRIVE	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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.

SIGNATURE: *Patricia Harmon* 4/15/98 (904) 448-9434

CR02037 (10/97)