

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90072 010 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N40597**

1. Corporation Name

**DUVAL COUNTY MEDICAL SOCIETY ALLIANCE, INC.**

Principal Place of Business

1045 RIVERSIDE AVE  
190  
JACKSONVILLE FL 32204  
US

Mailing Address

P O BOX 40465  
JACKSONVILLE FL 32203-465  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	10/29/1990
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-3043162
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75</b> Additional Fee Required
Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
24	30	<b>\$5.00</b> May Be Added to Fees

9. Name and Address of Current Registered Agent

GILBERT, PHILIP  
1045 RIVERSIDE AVE  
190  
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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARMON, JOAN	1.2 NAME	
STREET ADDRESS	4233 MORENA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32207	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JIMENEZ, VICKI	2.2 NAME	Cahill, Ann
STREET ADDRESS	116 SEVEN IRON COURT	2.3 STREET ADDRESS	13747 Hammock Cay Dr
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	2.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	D Secretary <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	QUINLAN, DIANA	3.2 NAME	
STREET ADDRESS	6644 EPPING FOREST WAY N	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32217	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMISON, PAT	4.2 NAME	Brandon, Donna
STREET ADDRESS	6839 LINFORD LANE	4.3 STREET ADDRESS	814 Chicopee Lane
CITY-ST-ZIP	JACKSONVILLE FL 32217	4.4 CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99

Date

904-349 5130

Daytime Phone #

CR2E037 (11/98)