

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2004 8:00 am
Secretary of State

02-12-2004 90014 044 ****61.25

DOCUMENT # N93000002130 1. Entity Name ASSOCIATION OF FLORIDA TRAUMA COORDINATORS, INC.			
Principal Place of Business 2 COLUMBIA DRIVE G417 TAMPA, FL 33606 US		Mailing Address 2 COLUMBIA DRIVE G417 TAMPA, FL 33606 US	
2. Principal Place of Business Lee Memorial Hospital Suite, Apt. #, etc. Suite 702 2780 Cleveland Ave City & State Ft. Myers, FL Zip 33901 Country USA		3. Mailing Address Lee Memorial Hospital Suite, Apt. #, etc. Suite 702 2780 Cleveland Ave City & State Ft. Myers, FL Zip 33901 Country USA	
4. FEI Number 65-0413340		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 KALLENBORN, CELESTE RN 2 COLUMBIA DRIVE G417 TAMPA, FL 33606		7. Name and Address of New Registered Agent Name Terry Papp Street Address (P.O. Box Number is Not Acceptable) Lee Memorial Hospital 2780 Cleveland Ave Suite 702 City Ft. Myers State FL Zip Code 33901	
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 <u><i>Terry Papp</i></u> DATE <u>2/5/04</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</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 SD NAME KALLENBORN, CELESTE STREET ADDRESS 2 COLUMBIA DRIVE G417 CITY-ST-ZIP TAMPA, FL 33606	<input type="checkbox"/> Delete	TITLE P NAME Kallenborn, Celeste STREET ADDRESS 2 Columbia DR Room 6417 CITY-ST-ZIP Tampa, FL 33606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WILT, SHELLEY STREET ADDRESS 13469 LAS PALMAS DR CITY-ST-ZIP LARGO, FL 33774	<input type="checkbox"/> Delete	TITLE SIT NAME Terry Papp STREET ADDRESS 2780 Cleveland Ave Suite 702 CITY-ST-ZIP Ft. Myers, FL 33901	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME BENNETT, VICKI STREET ADDRESS 3501 JOHNSON STREET CITY-ST-ZIP HOLLYWOOD, FL	<input checked="" type="checkbox"/> Delete	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 Fer 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
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: <u><i>J. Celeste Kallenborn</i></u> J. Celeste Kallenborn - President		Date <u>2/5/04</u> 239-334-5522 Daytime Phone # <u>1-29-04 813-844-4395</u>	