

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002834

FILED  
Apr 10, 2006  
Secretary of State

Entity Name: MANATEE COUNTY MEDICAL SOCIETY, INC.

## Current Principal Place of Business:

4808 26TH ST. WEST  
BRADENTON, FL 34207

## New Principal Place of Business:

## Current Mailing Address:

4808 26TH ST. WEST  
BRADENTON, FL 34207

## New Mailing Address:

FEI Number: 65-0422262

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CHOJNACKI, MAGGIE A E.D.  
4808 26TH ST. WEST  
BRADENTON, FL 34207 US

## Name and Address of New Registered Agent:

GATLIN, LIZ M E.D.  
4808 26TH ST. WEST  
BRADENTON, FL 34207 US

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.

SIGNATURE: LIZ GATLIN

04/10/2006

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MASSIE, MITCH MD  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: VP ( ) Delete  
Name: MCCULLEN, JEN M  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: T ( ) Delete  
Name: ARROJO, GUS MD  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: S ( ) Delete  
Name: SHEK, ROSABELLA MD  
Address: 4808 26TH S. W  
City-St-Zip: BRADENTON, FL 34207

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCCULLEN, JENNIFER MD  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: VP (X) Change ( ) Addition  
Name: HACISKI, RAFAEL MD  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: T (X) Change ( ) Addition  
Name: ARIAS, CARLOS MD  
Address: 4808 26TH ST W  
City-St-Zip: BRADENTON, FL 34207

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LIZ GATLIN

E. D

04/10/2006

Electronic Signature of Signing Officer or Director

Date