

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002834

FILED
Jan 03, 2008
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:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: CLULOW, SCOTT DO
Address: 4808 26TH ST W
City-St-Zip: BRADENTON, FL 34207

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CLULOW, SCOTT DO
Address: 4808 26TH ST W
City-St-Zip: BRADENTON, FL 34207

Title: PE (X) Change () Addition
Name: SUDBURY, AARON MD
Address: 4808 26TH ST W
City-St-Zip: BRADENTON, FL 34207

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

Title: VP (X) Change () Addition
Name: KOSELAK, DENNIS MD
Address: 4808 26TH S. W
City-St-Zip: BRADENTON, FL 34207

Title: S () Change (X) Addition
Name: BROWN, LORA
Address: 4808 26TH STREET W.
City-St-Zip: BRADENTON, FL 34207

I hereby certify that the information supplied with this filing does not qualify 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

ED

01/03/2008

Electronic Signature of Signing Officer or Director

Date