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May 12 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004479 (1)

1. Corporation Name

ASSOCIATION FOR RESPONSIBLE MEDICINE, INC.

Principal Place of Business

Mailing Address

10501 LAKE CARROLL WAY
TAMPA FL 33618

10501 LAKE CARROLL WAY
TAMPA FL 33618-4231



3. Date Incorporated or Qualified
09/09/1994

3a. Date of Last Report
04/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number
59-3267782

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCEACHERN, RAYMOND T
10501 LAKE CARROLL WAY
TAMPA FL 33618

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HAISLOP, LYNDIA R.
STREET ADDRESS 2770 BACKUS RD
CITY-ST-ZIP PALM HARBOR FL ☒ DELETE

TITLE T
NAME GRIFFIS, MARLENE L.
STREET ADDRESS 1308 E. SPENCER ST.
CITY-ST-ZIP PLANT CITY FL ☒ DELETE

TITLE D
NAME MCEACHERN, HOLLY L.
STREET ADDRESS 33320 LARKIN ROAD
CITY-ST-ZIP DADE CITY FL ☒ DELETE

TITLE D
NAME HENRY, J. MYRLE
STREET ADDRESS 204 W JOHNSON RD
CITY-ST-ZIP PLANT CITY FL ☐ DELETE

TITLE D
NAME MCEACHERN, RAYMOND T.
STREET ADDRESS 10501 LAKE CARROLL WAY
CITY-ST-ZIP TAMPA FL ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME Theodore Babbitt
1.3 STREET ADDRESS 1801 AUSTRALIAN AVE. S.
1.4 CITY-ST-ZIP West Palm Beach 33409

2.1 TITLE T
2.2 NAME KAREN MEYER
2.3 STREET ADDRESS 11724 PRIMROSE LANE
2.4 CITY-ST-ZIP Temple Terrace FL 33632 ☒ Addition

3.1 TITLE D
3.2 NAME BONNIE STRICKLAND
3.3 STREET ADDRESS 419 BAYSHORE BLVD NE
3.4 CITY-ST-ZIP St. Petersburg FL 33703 ☒ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0048485

CR2E037 (9/96)