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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000004479

1. Corporation Name

ASSOCIATION FOR RESPONSIBLE MEDICINE, INC.

Principal Place of Business
10501 LAKE CARROLL WAY
TAMPA FL 33618

Mailing Address
10501 LAKE CARROLL WAY
TAMPA FL 33618



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/09/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3267782	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		30	

9. Name and Address of Current Registered Agent

MCEACHERN, RAYMOND T
10501 LAKE CARROLL WAY
TAMPA FL 33618

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BABBITT, THEODORE	1.2 NAME	WARREN, MARY
STREET ADDRESS	1801 AUSTRALIAN AVE. A.	1.3 STREET ADDRESS	919 9th Court
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STICKLAND, BONNIE	2.2 NAME	ELLRICH, W. DAVID, JR.
STREET ADDRESS	4119 BAYSHORE BLVD., N.E.	2.3 STREET ADDRESS	4400 PGA Boulevard, Suite 400
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Palm Beach Gardens, FL 33410
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HENRY, J. MYRLE	3.2 NAME	HEISLER, BELINDA
STREET ADDRESS	204 W JOHNSON RD	3.3 STREET ADDRESS	16263 121st Terrace
CITY-ST-ZIP	PLANT CITY FL	3.4 CITY-ST-ZIP	Jupiter, FL 33478
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCEACHERN, RAYMOND T.	4.2 NAME	
STREET ADDRESS	10501 LAKE CARROLL WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	
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

THEODORE BABBITT

Date

561-684-4639

Daytime Phone #

CR2E037-11/98