


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000000129 (4)**

1. Corporation Name

**SOUTH PINELLAS MEDICAL EXECUTIVES ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

% JACOBS, FFORLIZZO & NEAL, P.A.  
13577 FEATHER SOUND DRIVE, SUITE 300  
ST. PETERSBURG FL 34622-5547

% JACOBS, FFORLIZZO & NEAL, P.A.  
13577 FEATHER SOUND DRIVE, SUITE 300  
ST. PETERSBURG FL 34622-5547



3. Date Incorporated or Qualified  
**01/01/1996**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIKOS, CYNTHIA A ESQ.**  
% JACOBS, FFORLIZZO & NEAL, P.A.  
13577 FEATHER SOUND DRIVE, SUITE 300  
ST. PETERSBURG FL 34622-5547

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**40 Jacobs, Fforlizzo & Neal, P.A.**  
**510 VonDelburg Drive - Suite 300S**  
**Brandon FL 33511**

83 City

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.

(NOT: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PRESIDENT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Rob Weinberg</b>	
STREET ADDRESS	<b>4600 4th St. N</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
TITLE	<b>PRESIDENT ELECT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Anne Drane</b>	
STREET ADDRESS	<b>12294 Indian Rocks Road</b>	
CITY-ST-ZIP	<b>Largo, FL 33774</b>	
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Terry Pilkington</b>	
STREET ADDRESS	<b>000 16th St. No.</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>	
TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Carla Copp</b>	
STREET ADDRESS	<b>603 7th St. SO Suite 350</b>	
CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>	
TITLE	<b>Past President</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>Dianna Mahannah</b>	
STREET ADDRESS	<b>401 Corbett St. Suite 400</b>	
CITY-ST-ZIP	<b>Clearwater, FL 34616</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Anne Drane</b>	
1.3 STREET ADDRESS	<b>12294 Indian Rocks Road</b>	
1.4 CITY-ST-ZIP	<b>Largo, FL 33774</b>	
2.1 TITLE	<b>President Elect</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Desiree Woroner</b>	
2.3 STREET ADDRESS	<b>2191 9th Ave No. Suite 120</b>	
2.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33713</b>	
3.1 TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Sharon Moorhead</b>	
3.3 STREET ADDRESS	<b>500 9th St. No. Suite 200</b>	
3.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33705</b>	
4.1 TITLE	<b>Treasurer</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Rebecca De Croteau</b>	
4.3 STREET ADDRESS	<b>801 6th St. So. Dept. 7020</b>	
4.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33701</b>	
5.1 TITLE	<b>Past President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Rob Weinberg</b>	
5.3 STREET ADDRESS	<b>4600 4th St. No.</b>	
5.4 CITY-ST-ZIP	<b>St. Petersburg, FL 33703</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

**Anne Drane**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/19/97 813-595**

Date

Daytime Phone # **0067497**

CR2E037 (9/96)