

AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N97000001454 (4)

1. Corporation Name

MEDFORUM, INC.

Principal Place of Business

600 DRUID ROAD E
CLEARWATER FL 34616

Mailing Address

600 DRUID ROAD E
CLEARWATER FL 34616

2. Principal Place of Business

21 13799 Park Blvd

2a. Mailing Address

26 13799 Park Blvd

Suite, Apt. #, etc.

22 Suite 256

Suite, Apt. #, etc.

27 Suite 256

City & State

23 Seminole, FL

City & State

28 Seminole, FL

Zip

24 33776

Country

25 USA

Zip

29 33776

Country

30 USA

9. Name and Address of Current Registered Agent

PRESSON, GINA D
600 DRUID ROAD E
CLEARWATER FL 34616

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

10. Name and Address of New Registered Agent

81 Name

Presson, Gina D

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

13799 Park Blvd, Suite 256

83

84 City

Seminole

FL

85 Zip Code

33776

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: Gina Presson

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

11/5/98

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME PRESSON, GINA D
STREET ADDRESS 600 DRUID ROAD E
CITY-ST-ZIP CLEARWATER FL 34616

TITLE D ☒ DELETE

NAME DAVENPORT, DOUG
STREET ADDRESS 451 CENTRAL PARK DR
CITY-ST-ZIP LARGO FL 33731

TITLE D ☒ DELETE

NAME HAMMESFAHR, WILLIAM M
STREET ADDRESS 600 DRUID RD E
CITY-ST-ZIP CLEARWATER FL 34616

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Presson, Gina D
1.3 STREET ADDRESS 13799 Park Blvd, Suite 256
1.4 CITY-ST-ZIP Seminole, FL 33776

2.1 TITLE ~~DAVENPORT, DOUG~~ ☐ Change ☒ Addition

2.2 NAME ~~DAVENPORT, DOUG~~
2.3 STREET ADDRESS ~~451 CENTRAL PARK DR~~
2.4 CITY-ST-ZIP ~~LARGO FL 33731~~

3.1 TITLE D ☐ Change ☐ Addition

3.2 NAME Hammesfahr
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Fortin, Micheline
4.3 STREET ADDRESS 10939 St. Julien
4.4 CITY-ST-ZIP Montreal, Quebec H1H3Y4

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Brae Payne
5.3 STREET ADDRESS 500 N. Duke St. Suite 55-302
5.4 CITY-ST-ZIP Durham, NC 27701

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME 700002687551-8
6.3 STREET ADDRESS -11/16/98-01004-005
6.4 CITY-ST-ZIP *****61.25 *****61.25

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.

SIGNATURE: Gina Presson REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/5/98 727-461-1885

0009037

CR2E037 (5/98)



MedForum

THE MEDICAL FORUM FOR THE 21ST CENTURY

Nov 6, 1998

Department of State
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom it May Concern,

I filed annual reports for both MedForum and Florida Neurological Institute with checks for \$550 back in the early summer. I assumed that the fee was the same as that for other corporations. I did not receive my checks back nor an explanation from the department, so I assumed all was well. When the second notice came, I assumed that the work had crossed in the mail and had not been processed yet. Last week, a client asked why our company had been dissolved, I found out that the company had been dissolved for non-payment. When I called I was told to send you the check for \$61.25, and to ask that the late fee be waived under these unusual circumstances.

We have had a problem with a now former employee, which has resulted in many missing records and other discrepancies. I appreciate your time and consideration as we try to sort out this situation.

Thank you,

Gina Presson
Gina Presson