

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000007163 (5)

1. Corporation Name

MANASOTA DIETETIC ASSOCIATION INCORPORATED



Principal Place of Business C/O SARASOTA MEMORIAL HOSPITAL 1700 SOUTH TAMiami TRAIL SARASOTA FL 34239	Mailing Address C/O SARASOTA MEMORIAL HOSPITAL 1700 SOUTH TAMiami TRAIL SARASOTA FL 34239
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3. Date Incorporated or Qualified 12/26/1997
4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent MCLEROY, LAURA C/O SARASOTA MEMORIAL HOSPITAL 1700 SOUTH TAMiami TRAIL SARASOTA FL 34239
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE <input type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	NAME
NAME	STREET ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME
1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
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 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: Adeana Tanko Osika 4/22/98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000979

CR2E037 (10/97)