

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010065

Entity Name: COLLEGE OF MEDICINE SCHOLARSHIP FUND, INC.

Current Principal Place of Business:

CARLTON FIELDS P.A./DANIEL L DECUBELLIS
450 SOUTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

Current Mailing Address:

CARLTON FIELDS P.A./DANIEL L DECUBELLIS
450 SOUTH ORANGE AVENUE, SUITE 500
ORLANDO, FL 32801

FEI Number: 46-1288701

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CFRA, LLC
100 S ASHLEY DR, SUITE 400
TAMPA, FL 33602 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title D
Name DECUBELLIS, DANIEL L
Address CARLTON FIELDS, 450 S ORANGE
AVE #500
City-State-Zip: ORLANDO FL 32801

Title D
Name WARMUS, JAMES W
Address C/O AVERETT DURKEE, 1417 E
CONCORD ST
City-State-Zip: ORLANDO FL 32803

Title D
Name YORK, REBECCA
Address C/O AVERETT DURKEE, 1417 E
CONCORD ST
City-State-Zip: ORLANDO FL 32803

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DANIEL L. DECUBELLIS

DIRECTOR

02/26/2014

Electronic Signature of Signing Officer/Director Detail

Date