2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2010
Secretary of State

DOCUMENT# 705005

Entity Name: FLORIDA MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1276743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, JEFFREY M
123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EDIR
123 S. ADAMS ST
TALLAHASSEE, FL 32301 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: TIMOTHY J. STAPLETON 04/12/2010
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEGENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD, #65
City-St-Zip: LAUDERDALE BY-THE-SEA, FL 33062

Title: VP
Name: ANDERSON, ANN
Address: 5124 INAGUA WAY
City-St-Zip: NAPLES, FL 34119

Title: EDIR
Name: STAPLETON, TIMOTHY J
Address: 123 S. ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: S/T
Name: COSGROVE, LISA A M.D.
Address: PO BOX 541216
City-St-Zip: MERRITT ISLAND, FL 32954

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: TIMOTHY J. STAPLETON EDIR 04/12/2010
Electronic Signature of Signing Officer or Director Date