

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003249

FILED
Mar 17, 2009
Secretary of State

Entity Name: SOUTH FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1500 NW 12TH AVE
MIAMI, FL 33136 US

New Principal Place of Business:

5101 NW 21ST AVENUE
#440
FORT LAUDERDALE, FL 33309 US

Current Mailing Address:

1691 MICHIGAN AVENUE
#500
MIAMI BEACH, FL 33139 US

New Mailing Address:

5101 NW 21ST AVENUE
#440
FORT LAUDERDALE, FL 33309 US

FEI Number: 20-2601042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARYNELL, LUBINSKI A
1691 MICHIGAN AVENUE
#500
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

MARYNELL, LUBINSKI A
10350 W BAY HARBOR DRIVE
PHS
BAY HARBOR ISLANDS, FL 33154 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:

03/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LUBINSKI, MARYNELL
Address: 10350 W. BAY HARBOR DRIVE, #PHS
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: S () Delete
Name: FISHER, LISA
Address: 1500 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136 US

Title: VP () Delete
Name: BARNET, VIVIAN
Address: 1095 NW 14 TERRACE D4-6 RM: 2-05
City-St-Zip: MIAMI, FL 33136 US

Title: T () Delete
Name: RANDALL, CHARLOTTE
Address: 5503 S. CONGRESS AVE STE 206
City-St-Zip: ATLANTIS, FL 33462 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ORTIZ, CESAR
Address: 1500 NW 12TH AVE
City-St-Zip: MIAMI, FL 33136 US

Title: VP (X) Change () Addition
Name: BLUM, TODD
Address: 1601 CLINT MOORE ROAD, # 105
City-St-Zip: BOCA RATON, FL 33487 US

Title: T (X) Change () Addition
Name: WHITEMAN, ALAN
Address: 5101 SW 21ST AVE, #440
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARYNELL A LUBINSKI

P

03/17/2009

Electronic Signature of Signing Officer or Director

Date