

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

FILED  
Mar 14, 2011  
Secretary of State

**Entity Name:** THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

**Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 31-1487805      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SILBAUGH, BARRY R DR  
400 NORTH ASHLEY DRIVE  
SUITE 400  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SILBAUGH, BARRY R DR  
Address: 400 NORTH ASHLEY DRIVE SUITE 400  
City-St-Zip: TAMPA, FL 33602

Title: VP  
Name: CALLAN, CLAIR M DR  
Address: CALLAN CONSULTING  
City-St-Zip: LAKE FOREST, IL 60045

Title: ST  
Name: RIDDLES, LAWRENCE DR  
Address: USAF AIR MOBILITY COMMAND  
City-St-Zip: SCOTT AFB, IL 62225

Title: P  
Name: KAPLAN, ALAN S DR  
Address: IOWA HEALTH SYSTEM  
City-St-Zip: DES MOINES, IA 50309

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: BARRY SILBAUGH

CEO

03/14/2011

Electronic Signature of Signing Officer or Director

Date