

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766737

**Entity Name:** FLORIDA ASSOCIATION OF MEDICAL EXAMINERS, INC.

**Current Principal Place of Business:**

3126 GUN CLUB ROAD  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

3126 GUN CLUB ROAD  
WEST PALM BEACH, FL 33406

**FEI Number:** 59-3382621

**Certificate of Status Desired:** No

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

LAMBERT, PAUL WATSON  
2851 REMINGTON GREEN CIRCLE STE C  
TALLAHASSEE, FL 32308-3749 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 PD  
Name PFALZGRAF, ROBERT  
Address 70 DANLEY DRIVE  
City-State-Zip: FORT MYERS FL 33907

Title TD  
Name BELL, MICHAEL  
Address 3126 GUN CLUB ROAD  
City-State-Zip: WEST PALM BEACH FL 33406

Title SD  
Name COBURN, MARTA  
Address 3838 DOMESTIC AVENUE  
City-State-Zip: NAPLES FL 34104

*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:** MICHAEL BELL

**TREASURER**

**03/12/2014**

Electronic Signature of Signing Officer/Director Detail

Date