

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 766737

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

**Current Principal Place of Business:**

1333 SAILBOAT CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

1333 SAILBOAT CIRCLE  
WELLINGTON, FL 33414 US

**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           TREASURER  
Name           TORMOS, LEE MARIE  
Address        1333 SAILBOAT CIRCLE  
City-State-Zip: WELLINGTON FL 33414

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:** LEE MARIE TORMOS

**TREASURER**

**02/05/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date