

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003249

**FILED**  
**Mar 10, 2017**  
**Secretary of State**  
**CC2404833136**

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

**Current Principal Place of Business:**

12463 DOGLEG DR  
C/O ROBERT PARKER  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

P.O. BOX 741287  
BOYNTON BEACH, FL 33474 US

**FEI Number: 20-2601042**

**Certificate of Status Desired: No**

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

ROBERT, PARKER W  
12463 DOGLEG DR  
BOYNTON BEACH, FL 33437 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: ROBERT W PARKER**

**03/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            PEREZ-DICKENS, MAGGY  
Address        1801 NW 9 ST  
City-State-Zip: MIAMI FL 33136

Title            TREASURER  
Name            MCCANDLESS, KAREN  
Address        3329 JOHNSON ST  
City-State-Zip: HOLLYWOOD FL 33021

Title            SECRETARY  
Name            NEURBURGER, BRIANNE  
Address        1120 NW 14 ST  
City-State-Zip: MIAMI FL 33136

Title            VP  
Name            ADAMS LERGIER, NICOLE  
Address        1600 NW 10 AVE  
                  RMSB 8149  
City-State-Zip: MIAMI FL 33176

*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: KAREN MCCANDLESS**

**SFMGMA TREASURER**

**03/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date