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

Electronic Signature of Signing Officer/Director Detail

TREASURER

04/15/2016

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0500003249

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

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		04/15/2016	
	Electronic Signature of Registered Agent			Date
Officer/Dire	ctor Detail :			
Title	PRESIDENT	Title	VP	
Name	FERNANDEZ, ALAIN	Name	PEREZ-DICKENS, MAGGY	
Address	1120 NW 14 ST	Address	1801 NW 9 ST	
City-State-Zip:	EXECUTIVE OFFICES SUITE 310-X MIAMI FL 33136	City-State-Zip:	MIAMI FL 33136	
Title	TREASURER	Title	SECRETARY	
Name	MCCANDLESS, KAREN	Name	NEURBURGER, BRIANNE	
Address	3329 JOHNSON ST	Address	1120 NW 14 ST	
City-State-Zip:	HOLLYWOOD FL 33021	City-State-Zip:	MIAMI FL 33136	

Certificate of Status Desired: Yes

FILED Apr 15, 2016 Secretary of State CC8119762347

Date