

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

DOCUMENT# N05000003249

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

**FILED**  
**Feb 25, 2014**  
**Secretary of State**  
**CC5439245977**

**Current Principal Place of Business:**

7990 SW 117TH AVENUE  
SUITE 202  
MIAMI, FL 33183

**Current Mailing Address:**

7990 SW 117TH AVENUE  
SUITE 202  
MIAMI, FL 33183 US

**FEI Number: 20-2601042**

**Certificate of Status Desired: Yes**

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

ROBERT, PARKER W  
1150 NORTH 35TH AVENUE  
SUITE 440  
HOLLYWOOD, FL 33021 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**

**02/25/2014**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            JEFFREY, KAPLAN  
Address        7990 SW 117TH AVENUE  
                  SUITE 202  
City-State-Zip: MIAMI FL 33183

Title            VP, TREASURER  
Name            PARKER, ROBERT W  
Address        1150 NORTH 35TH AVENUE  
                  SUITE 440  
City-State-Zip: HOLLYWOOD FL 33021

Title            SECRETARY  
Name            WAGNER, DAVID  
Address        3850 W FLAGLER ST  
City-State-Zip: MIAMI FL 33134

*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: ROBERT W PARKER**

**VP, TREASURER**

**02/25/2014**

Electronic Signature of Signing Officer/Director Detail

Date