

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003249

**FILED**  
**Jan 29, 2013**  
**Secretary of State**  
**CC9689907207**

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

**Current Principal Place of Business:**

9500 S DADELAND BLVD  
SUITE 802  
MIAMI, FL 33156

**Current Mailing Address:**

9500 S DADELAND BLVD  
SUITE 802  
MIAMI, FL 33156 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**

**01/29/2013**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ALEJANDRO, FERNANDEZ  
Address        9500 S DADELAND BLVD  
City-State-Zip: MIAMI FL 33156

Title            VP  
Name            FONTE-RONDA, BARBARA  
Address        20909 SW 90TH PLACE  
City-State-Zip: CUTLER BAY FL 33189

Title            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**

**TREASURER**

**01/29/2013**

Electronic Signature of Signing Officer/Director Detail

Date