## 2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003249

**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 06/04/2018

Electronic Signature of Registered Agent

Date

**FILED** Jun 04, 2018

**Secretary of State** 

CC3848855394

## Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER** NICOLE, ADAMS LERGIER Name Name GUERRIER, VEDNER 1600 NW 10 AVE 3329 JOHNSON ST Address Address City-State-Zip: HOLLYWOOD FL 33021 City-State-Zip: MIAMI FL 33176

Title VΡ Title **SECRETARY** 

Name MCCANDLESS, KAREN Name GHAHRAMANI, NOUR Address 3329 JOHNSON ST. Address 1801 NW 9 ST City-State-Zip: HOLLYWOOD FL 33021 City-State-Zip: MIAMI FL 33136

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.