

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000003249

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

**FILED  
Jun 04, 2018  
Secretary of State  
CC3848855394**

**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

**Officer/Director Detail :**

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

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

Title            SECRETARY  
Name            GHARAMANI, NOUR  
Address        1801 NW 9 ST  
City-State-Zip: MIAMI FL 33136

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

*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: VEDNER GUERRIER**

**TREASURER**

**06/04/2018**

Electronic Signature of Signing Officer/Director Detail

Date