

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000003519

**Entity Name:** HUNGARIAN MEDICAL ASSOCIATION OF AMERICA, INC.

**Current Principal Place of Business:**

202 NORTH RHODES AVENUE, SUITE 102  
SARASOTA, FL 34237

**Current Mailing Address:**

202 NORTH RHODES AVENUE, SUITE 102  
SARASOTA, FL 34237 US

**FEI Number:** 31-1100529

**Certificate of Status Desired:** Yes

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

PLUM, LAURA  
202 NORTH RHODES AVENUE, SUITE 102  
SARASOTA, FL 34237 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:** LAURA PLUM

05/19/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name KHOOR, ANDRAS MD  
Address 202 NORTH RHODES AVENUE, SUITE 102  
City-State-Zip: SARASOTA FL 34237

Title DIRECTOR  
Name HUZELLA, LAJOS MD  
Address 113 FAIRVIEW AVE  
City-State-Zip: FREDERICK MD 21701

Title SECR  
Name ACS, GEZA MD  
Address 16306 ASHINGTON PARK DRIVE  
City-State-Zip: TAMPA FL 33647

Title DIRECTOR  
Name HARANGOZO, IVAN MD  
Address 202 NORTH RHODES AVENUE, SUITE 102  
City-State-Zip: SARASOTA FL 34237

*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:** IVAN HARANGOZO

MD

05/19/2020

Electronic Signature of Signing Officer/Director Detail

Date