

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006914

Entity Name: FLORIDA ASSOCIATION MEDICAL STAFF SERVICES, INC.**Current Principal Place of Business:**414 SE 21ST STREET
CAPE CORAL, FL 33990**Current Mailing Address:**414 SE 21ST STREET
CAPE CORAL, FL 33990 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BRENNAN, MANNA & DIAMOND, P.L.
800 WEST MONROE STREET
JACKSONVILLE, FL 32202 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name TAYLOR, CPMSM, CPCS , NANCY
Address 2780 CLEVELAND AVE.
SUITE 428
City-State-Zip: FORT MYERS FL 33901

Title PRESIDENT ELECT
Name COLON, CPMSM , MARJORIE
Address 2600 BRUCE B. DOWNS BLVD
City-State-Zip: WESLEY CHAPEL FL 33544

Title SECRETARY
Name PICCOLO MCGOWAN, CPCS, KAREN
Address 809 E. MARION AVENUE
City-State-Zip: PUNTA GORDA FL 33950

Title MEMBERSHIP CHAIR
Name COCA, CPCS , DEB
Address 119 OAKFIELD DRIVE
City-State-Zip: BRANDON FL 33511

Title PAST-PRESIDENT MANAGER,
CENTRAL VERIFICATION SERVICES
HEALTH FIRST COMMUNITY
HOSPITALS
Name KRAEMER, CPCS, CPMSM , TRUDY
Address 8745 N. WICKHAM RD.
City-State-Zip: MELBOURNE FL 32940

Title TREASURER
Name MORGAN, CPMSM , COREEN
Address 2985 DREW STREET
City-State-Zip: CLEARWATER FL 33759

Title WEBSITE LIAISON MEDICAL STAFF
COORDINATOR JUPITER MEDICAL
CENTER
Name MONHEIT, CPCS, CPMSM , ANDREA
Address 1210 S. OLD DIXIE HIGHWAY
City-State-Zip: JUPITER FL 33458
Title PRESS SECRETARY ST.
CREDENTIALING SPECIALIST
CHANGE HEALTHCARE
Name TANENBAUM, CPCS, CPMSM , SUSAN
Address 4025 TAMPA ROAD
SUITE 1110
City-State-Zip: OLDSMAR FL 32677

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: NANCY A TAYLOR, CPMSM, CPCS**PRESIDENT****01/16/2019**

Electronic Signature of Signing Officer/Director Detail

Date