2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006914

FILED
Apr 07, 2021
Secretary of State
6605324020CC

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	COLÓN, CPMSM, MARJORIE
Address	2600 BRUCE B DOWN BLVD.
City-State-Zip:	WESLEY CHAPEL FL 33544

Title	PRESIDENT ELECT
Name	COCA, CPCS, DEBORAH
Address	6000 49TH STREET NORTH
City-State-Zip:	ST. PETERSBURG FL 33709

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

Title	SECRETARY
Name	DESIMONE, CPCS, CPMSM, LORI-JO
Address	3001 W. DR. MARTIN LUTHER KING JR. BLVD.
City-State-Zip:	TAMPA FL 33607

Title	WEBSITE LIAISON
Name	CHIANG, COREY
Address	1130 PONCE DE LEON BLVD.
City-State-Zip:	CLEARWATER FL 33756

Title	MEMBERSHIP CHAIR
Name	MARTINEZ, CPCS, CPMSM, KAREN
Address	8330 LAKEWOOD RANCH BLVD.
City-State-Zip:	BRADENTON FL 34202

Title	PRESS SECRETARY
Name	TANENBAUM, CPMSM, CPCS, SUSAN
Address	4025 TAMPA ROAD SUITE 1110
City-State-Zip:	OLDSMAR FL 32677

Title	IMMEDIATE PAST PRESIDENT
Name	TAYLOR, CPMSM, CPCS, NANCY
Address	4211 METRO PARKWAY, 2ND FLOOR
City-State-Zip:	FORT MYERS FL 33916

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: MARJORIE COLÓN, CPMSM — PRESIDENT — 04/07/2021

Electronic Signature of Signing Officer/Director Detail — Date