2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006914

Entity Name: FLORIDA ASSOCIATION MEDICAL STAFF SERVICES, INC.

FILED
Jan 26, 2023
Secretary of State
3638120732CC

Current Principal Place of Business:

3549 WORTHINGTON AVE NORTH PORT, FL 34286

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. 5210 BELFORT ROAD SUITE 400 JACKSONVILLE, FL 32256 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 Title PRESIDENT ELECT

Name COCA, CPCS, DEBORAH Name DESIMONE, CPCS, CPMSM, LORI-JO

Address 4016 SUN CITY CENTER BLVD. Address 6000 49TH STREET N.

City-State-Zip: SUN CITY CENTER FL 33573 City-State-Zip: ST. PETERSBURG FL 33709

Title TREASURER Title SECRETARY

NameBROOKS, CPCS, CPMSM, LISANameWHITE, CPCS, ARGELISAddress5475 SE 22ND PLACEAddress2600 LAUREL ROAD E.City-State-Zip:OCALA FL 34480City-State-Zip:NORTH VENICE FL 34275

Title WEBSITE LIAISON Title MEMBERSHIP CHAIR

Name CHIANG, COREY Name WILLIAMS, CPCS, CPMSM, KIM
Address 1130 PONCE DE LEON BLVD. Address 307 BOATNER RD, STE 114

City-State-Zip: CLEARWATER FL 33756 City-State-Zip: EGLIN AFB FL 32542

Title IMMEDIATE PAST PRESIDENT Title PRESS SECRETARY

Name COLÓN, CPMSM, MARJORIE Name TANENBAUM, CPMSM, CPCS, SUSAN

Address 2600 BRUCE B DOWN BLVD. Address 2823 CEDARIDGE DRIVE

City-State-Zip: WESLEY CHAPEL FL 33544 City-State-Zip: TAMPA FL 33618

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: LISA BROOKS, CPCS, CPMSM

TREASURER

01/26/2023