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

DOCUMENT# N17000006914

Entity Name: FLORIDA ASSOCIATION MEDICAL STAFF SERVICES, INC.

FILED
Jan 29, 2020
Secretary of State
5273954133CC

### **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	Title	PRESIDENT ELECT
Name	COLÓN, CPMSM, MARJORIE	Name	COCA, CPCS, DEBORAH
Address	2600 BRUCE B DOWN BLVD.	Address	6000 49TH STREET NORTH
Citv-State-Zip:	WESLEY CHAPEL FL 33544	City-State-Zip:	ST. PETERSBURG FL 33709

Title TREASURER Title SECRETARY

NameMORGAN, CPMSM, COREENNameDESIMONE, CPCS, CPMSM, LORI-JOAddress2985 DREW STREETAddress3001 W. DR. MARTIN LUTHER KING<br/>JR. BLVD.

City-State-Zip: CLEARWATER FL 33759 City-State-Zip: TAMPA FL 33607

Title WEBSITE LIAISON Title MEMBERSHIP CHAIR

Name PICCOLO MCGOWAN, CPCS, KAREN Name MARTINEZ, CPCS, CPMSM, KAREN

Address 2500 HARBOR BLVD. Address 8330 LAKEWOOD RANCH BLVD.

City-State-Zip: PORT CHARLOTTE FL 33952 City-State-Zip: BRADENTON FL 34202

Title PRESS SECRETARY Title IMMEDIATE PAST PRESIDENT

Name TANENBAUM, CPMSM, CPCS, SUSAN Name TAYLOR, CPMSM, CPCS, NANCY

Address 4025 TAMPA ROAD Address 4211 METRO PARKWAY, 2ND FLOOR

SUITE 1110 City-State-Zip: FORT MYERS FL 33916

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: MARJORIE COLÓN, CPMSM PRESIDENT 01/29/2020

Electronic Signature of Signing Officer/Director Detail

Date