2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17000006914

Entity Name: FLORIDA ASSOCIATION MEDICAL STAFF SERVICES, INC.

FILED
Mar 19, 2018
Secretary of State
CC6411365437

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 VICE PRESIDENT -

CREDENTIALING & LICENSING

TELESPECIALISTS, LLC

TRAVONYA

Address 9110 COLLEGE POINT COURT

City-State-Zip: FORT MYERS FL 33919

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 TAYLOR, CPMSM, CPCS

PRESIDENT

03/19/2018