

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

**FILED
Apr 27, 2017
Secretary of State
CC1478014277**

Entity Name: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

Current Mailing Address:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

FEI Number: 31-1487805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ANGOOD, PETER B MD
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: PETER B ANGOOD MD

04/27/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CEO, PRESIDENT
Name ANGOOD, PETER B MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title CHAIRMAN
Name HODGE, ROBERT MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title DIRECTOR, VICE CHAIR
Name LACE, DANIEL MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title DIRECTOR
Name KNIGHT, NAPOLEON MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

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: PETER B. ANGOOD

PRESIDENT/CEO

04/27/2017

Electronic Signature of Signing Officer/Director Detail

Date