2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL

DOCUMENT# N96000005806

Entity Name: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT,

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 05/10/2018

> Date Electronic Signature of Registered Agent

> > TAMPA FL 33602

FILED May 10, 2018 **Secretary of State**

CC5177457705

Officer/Director Detail :

TAMPA FL 33602

Title CEO, PRESIDENT Title CCMM PAST CHAIR ANGOOD, PETER B MD HODGE, ROBERT MD Name Name

400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE Address Address

SUITE 400 SUITE 400

City-State-Zip: TAMPA FL 33602 City-State-Zip: TAMPA FL 33602

Title **CCMM CHAIR** Title AAPL CHAIR

JOLISSAINT, JAMES GREGORY MD LACE, DANIEL MD Name Name

400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE Address Address

> SUITE 400 SUITE 400

City-State-Zip: City-State-Zip:

Title **MEMBER** Title **MEMBER**

Name MARCO, ALAN MD Name LAURENT, LISA MD

400 NORTH ASHLEY DRIVE 400 NORTH ASHLEY DRIVE Address Address SUITE 400

SUITE 400

City-State-Zip: TAMPA FL 33602 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.

05/10/2018 PRESIDENT AND CEO SIGNATURE: PETER ANGOOD