# 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N96000005806

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

## **Current Principal Place of Business:**

400 NORTH ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602

# **Current Mailing Address:**

400 NORTH ASHLEY DRIVE SUITE 1900 TAMPA, FL 33602 US

## FEI Number: 31-1487805

### Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 2894 REMINGTON GREEN LANE SUITE A TALLAHASSEE, FL 32308 US Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Officer/Director Detail :			
Title	CEO, PRESIDENT	Title	CCMM VICE CHAIR
Name	ANGOOD, PETER B DR.	Name	CAMMER, SARAH DR.
Address	400 NORTH ASHLEY DRIVE SUITE 1900	Address	400 N. ASHLEY DR. SUITE 1900
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	AAPL CHAIR	Title	CCMM CHAIR
Name	LEVY, BRUCE DR.	Name	JOLISSAINT, JAMES GREG DR.
Address	400 NORTH ASHLEY DRIVE SUITE 1900	Address	400 NORTH ASHLEY DRIVE SUITE 1900
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	TREASURER	Title	SECRETARY
Name	MARTIN, MICHELLE	Name	TALBOT, ANTHONY
Address	400 NORTH ASHLEY DRIVE SUITE 1900	Address	400 NORTH ASHLEY DRIVE SUITE 1900
City-State-Zip:	TAMPA FL 33602	City-State-Zip:	TAMPA FL 33602
Title	DIRECTOR		
Name	CANADY, MICHAEL DR.		
Address	400 NORTH ASHLEY DRIVE SUITE 1900		
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 ANGOOD

PRESIDENT AND CEO 01/2

01/28/2024

Date

Electronic Signature of Signing Officer/Director Detail

# FILED Jan 28, 2024 Secretary of State 1073267734CC