

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005806

**FILED**  
**Feb 07, 2022**  
**Secretary of State**  
**1198816570CC**

**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:**

REGISTERED AGENT SOLUTIONS, INC.  
155 OFFICE PLAZA DR. SUITE A  
TALLAHASSEE, FL 32301 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            CEO, PRESIDENT  
Name            ANGOOD, PETER B MD  
Address        400 NORTH ASHLEY DRIVE  
                 SUITE 400  
City-State-Zip: TAMPA FL 33602

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

Title            AAPL PAST CHAIR  
Name            LESTER, MARK MD  
Address        400 NORTH ASHLEY DRIVE  
                 SUITE 400  
City-State-Zip: TAMPA FL 33602

Title            AAPL CHAIR  
Name            GOKLI, ASH  
Address        400 NORTH ASHLEY DRIVE  
                 SUITE 400  
City-State-Zip: TAMPA FLORIDA 33602

Title            CCMM VICE CHAIR  
Name            JOLISSAINT, JAMES GREG  
Address        400 NORTH ASHLEY DRIVE  
                 SUITE 400  
City-State-Zip: TAMPA FLORIDA 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**

**02/07/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date