

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

FILED
Apr 14, 2020
Secretary of State
9693804301CC

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

04/14/2020

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 ACTING CCMM PAST CHAIR
Name MARCO, ALAN 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 CHAIR
Name LESTER, MARK MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title MEMBER
Name LAURENT, LISA 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 BRIAN ANGOOD

PRESIDENT AND CEO

04/14/2020

Electronic Signature of Signing Officer/Director Detail

Date