

2014 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N96000005806

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

**FILED
Sep 08, 2014
Secretary of State
CC4857106967**

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

09/08/2014

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 DIRECTOR
Name WERNER, MARK J 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
Name LACE, DANIEL MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title VC
Name LAZARUS, ARTHUR MD
Address 400 NORTH ASHLEY DRIVE
SUITE 400
City-State-Zip: TAMPA FL 33602

Title SECRETARY, TREASURER
Name BRACKMAN, ROSEMARY
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 ANGOOD

CEO, PRESIDENT

09/08/2014

