

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000005806

**FILED  
Feb 07, 2019  
Secretary of State  
3567759627CC**

**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**

**02/07/2019**

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 JOLISSAINT, JAMES GREGORY 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**

**02/07/2019**

Electronic Signature of Signing Officer/Director Detail

Date