

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700311

FILED
Mar 24, 2008
Secretary of State

Entity Name: FLORIDA MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

123 S. ADAMS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-0559672 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
123 S. ADAMS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SCOTT, KIMBERLY S VP
123 S. ADAMS ST.
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: KIMBERLY SCOTT

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: DOLAN, JAMES B MD
Address: 162 COCOA DRIVE
City-St-Zip: TAVERNIER, FL 33070 US

Title: S () Delete
Name: DE GENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD APT 65
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062 US

Title: P () Delete
Name: HUTTON, PATRICK M MD
Address: 2610 HOLLY POINT ROAD WEST
City-St-Zip: ORANGE PARK, FL 32073 US

Title: V () Delete
Name: WEST, STEVEN R MD
Address: 15636 FIDDLESTICKS BLVD
City-St-Zip: FORT MYERS, FL 33912 US

Title: CEO () Delete
Name: MORTHAM, SANDRA B
Address: 123 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: HARMON, WALTER A MD
Address: 4233 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ALTENBURGER, KARL M MD
Address: 724 SE 24TH TERRACE
City-St-Zip: OCALA, FL 34471 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: SCOTT, KIMBERLY
Address: 123 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KIMBERLY SCOTT

VP

03/24/2008

Electronic Signature of Signing Officer or Director

Date