

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700311

FILED  
Apr 12, 2011  
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:**

1430 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 US

**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:**

STAPLETON, TIMOTHY J E DIREC  
123 S. ADAMS ST.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

STAPLETON, TIMOTHY J EDIR  
1430 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 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: TIMOTHY J. STAPLETON

04/12/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: T  
Name: HARMON, WALTER A M.D.  
Address: 4233 MORENA LANE  
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: VP  
Name: DE GENNARO, VINCENT A M.D.  
Address: 1431 S OCEAN BLVD APT 65  
City-St-Zip: LAUDERDALE BY THE SEA, FL 33062 US

Title: PE  
Name: MACHADO, MIGUEL M.D.  
Address: PO BOX 3185  
City-St-Zip: ST. AUGUSTINE, FL 32085 US

Title: SECT  
Name: NOBO, JR., RAFAEL J M.D.  
Address: 222 W. MAIN ST, SUITE B  
City-St-Zip: BARTOW, FL 33830 US

Title: EDIR  
Name: STAPLETON, TIMOTHY J  
Address: 1430 PIEDMONT DRIVE EAST  
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: P  
Name: BUTLER, MADELYN E M.D.  
Address: 5206 BAYSHORE BLVD.  
City-St-Zip: TAMPA, FL 33611 US

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: TIMOTHY J. STAPLETON

EVP

04/12/2011

Electronic Signature of Signing Officer or Director

Date