

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700311

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** FLORIDA MEDICAL ASSOCIATION, INC.

**Current Principal Place of Business:**

1430 PIEDMONT DRIVE EAST  
TALLAHASSEE, FL 32308 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:**

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** MACHADO, MIGUEL A M.D.  
**Address:** 1769 N. LOOP PARKWAY  
**City-St-Zip:** ST. AUGUSTINE, FL 32095 US

**Title:** PE  
**Name:** DE GENNARO, VINCENT A M.D.  
**Address:** 1431 S OCEAN BLVD APT 65  
**City-St-Zip:** POMPANO BEACH, FL 33062 US

**Title:** VP  
**Name:** NOBO, RALPH J M.D.  
**Address:** 840 E. MANN RD.  
**City-St-Zip:** BARTOW, FL 33830 US

**Title:** S  
**Name:** PILLERSDORF, ALAN B M.D.  
**Address:** 780 HARBOUR ISLE COURT  
**City-St-Zip:** WEST PALM BEACH, FL 33410 US

**Title:** T  
**Name:** HARMON, WALTER A M.D.  
**Address:** 1311 HERITAGE MANOR DR.  
**City-St-Zip:** JACKSONVILLE, FL 32207 US

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

EDIR

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date