

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 705005

FILED
Apr 11, 2011
Secretary of State

Entity Name: FLORIDA MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

123 S. ADAMS ST
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

1430 PIEDMONT DRIVE EAST
TALLAHASSEE, FL 32308 US

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-1276743 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

STAPLETON, TIMOTHY J EDIR
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

04/11/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: DEGENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD, #65
City-St-Zip: LAUDERDALE BY-THE-SEA, FL 33062

Title: VP
Name: ANDERSON, ANN
Address: 5124 INAGUA WAY
City-St-Zip: NAPLES, FL 34119

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

Title: S-T
Name: WEST, STEPHEN R M.D.
Address: 4107 BECKETT RD
City-St-Zip: TALLAHASSEE, FL 32311

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

04/11/2011

Electronic Signature of Signing Officer or Director

Date