

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713038

FILED
Sep 17, 2009
Secretary of State

Entity Name: THE FLORIDA MEDICAL ASSOCIATION ALLIANCE, INC.

Current Principal Place of Business:

123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

New Mailing Address:

FEI Number: 59-6149397 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SCOTT, KIMBERLY S VP
123 S ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

JONES, KRISTY H 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: KRISTY H. JONES

09/17/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HALE, ELAINE
Address: 1136 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

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

Title: S () Delete
Name: DONOVAN, SUSAN
Address: 7690 SMULLIAN TRAIL WEST
City-St-Zip: JACKSONVILLE, FL 32217

Title: T () Delete
Name: BATTAGLIA, LISA
Address: 1210 N VIEW DRIVE
City-St-Zip: SARASOTA, FL 34242

Title: VP () Delete
Name: SCOTT, KIMBERLY S VP
Address: 123 SOUTH ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ANDERSON, ANN
Address: 5124 INAGUA WAY
City-St-Zip: NAPLES, FL 34119

Title: VP (X) Change () Addition
Name: ROUTMAN, JONI
Address: 1717 SE 19TH STREET
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S (X) Change () Addition
Name: HARMON, JOAN
Address: 4233 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

Title: T (X) Change () Addition
Name: GORMAN, LISSETTE
Address: 19202 BLACK MANGROVE CT
City-St-Zip: BOCA RATON, FL 33498

Title: VP (X) Change () Addition
Name: JONES, KRISTY H VP
Address: 123 SOUTH ADAMS STREET
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: KRISTY H JONES

VP

09/17/2009

Electronic Signature of Signing Officer or Director

Date