

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713038

FILED
Apr 12, 2010
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 ()

Name and Address of Current Registered Agent:

JONES, KRISTY H VP
123 S ADAMS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EVP
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: TIMOTHY J. STAPLETON

04/12/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

Title: S
Name: HARMON, JOAN
Address: 4233 MORENA LANE
City-St-Zip: JACKSONVILLE, FL 32207

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

Title: PE
Name: DONOVAN, SHAR
Address: SMULLIAN TRAIL
City-St-Zip: JACKSONVILLE, FL 32217

Title: EVP
Name: STAPLETON, TIMOTHY J
Address: 123 S ADAMS STREET
City-St-Zip: TALLAHASSEE, FL 32301

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

04/12/2010

Electronic Signature of Signing Officer or Director

Date