2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#713038

FILED May 01, 2012 Secretary of State

Entity Name: THE FLORIDA MEDICAL ASSOCIATION ALLIANCE, INC.

New Principal Place of Business: Current Principal Place of Business:

1430 PIEDMONT DRIVE EAST TALLAHASSEE, FL 32308

Current Mailing Address: New Mailing Address:

PO BOX 10269

TALLAHASSEE, FL 32302 US

FEI Number: 59-6149397 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

STAPLETON, TIMOTHY J EVP 1430 PIEDMÓNT DRIVE EAST TALLAHASSEE, FL 32308

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:

PONTE, ELIZABETH Name: Address: 1799 LAKESHORE DRIVE City-St-Zip: ORANGE PARK, FL 32003

Title:

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

Title: PΕ

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

Title:

Name: JUSTIZ, JANICE 9330 SUMMER PLACE Address: City-St-Zip: NAPLES, FL 34109

Title:

BATTAGLIA, LIZA Name: 1210 N VIEW DR Address: City-St-Zip: SARASOTA, FL 34242

Title:

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

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** 05/01/2012