

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G73764

FILED
Apr 06, 2009
Secretary of State

Entity Name: CENTRAL FLORIDA MEDICAL AFFILIATES, INCORPORATED

Current Principal Place of Business:

8831 VIA BELLA NOTTE
ORLANDO, FL 32836

New Principal Place of Business:

Current Mailing Address:

8831 VIA BELLA NOTTE
ORLANDO, FL 32836

New Mailing Address:

FEI Number: 59-2458878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

A.G.C. CO.
200 S. ORANGE AVE.
SUITE 2300
ORLANDO, FL 32801 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NEDER, GEORGE A JR.
Address: 63 W. UNDERWOOD ST.
City-St-Zip: ORLANDO, FL 32806

Title: V () Delete
Name: KESSEL, HAMIL C JR.
Address: 41 WEST KALEY ST
City-St-Zip: ORLANDO, FL 32806

Title: S () Delete
Name: KIVETT, GERALD J
Address: 4711 CURRY FORD RD.
City-St-Zip: ORLANDO, FL 32812

Title: T () Delete
Name: FRANKLIN, JOE F MD
Address: 351 NORTH PHELPS
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: GREENWOOD, SCOTT D MD
Address: 1427 BUCKWOOD DR.
City-St-Zip: ORLANDO, FL 32806

Title: T () Delete
Name: DIDEA, MARK B MD
Address: 2717 ARDSLEY DR.
City-St-Zip: ORLANDO, FL 32804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT C. ALEXANDER

CEO

04/06/2009

Electronic Signature of Signing Officer or Director

_____ Date