

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000369

FILED
Jan 21, 2005
Secretary of State

Entity Name: FLORIDA SOCIETY OF MEDICAL ASSISTANTS, INC.

Current Principal Place of Business:

825 CENTER STREET #19C
JUPITER, FL 33458 US

New Principal Place of Business:

3410 COUNTRY CLUB LANE
PUNTA GORDA, FL 33951 US

Current Mailing Address:

825 CENTER STREET #19C
JUPITER, FL 33458 US

New Mailing Address:

P.O. BOX 510174
PUNTA GORDA, FL 33951 US

FEI Number: 51-0444499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLISON, MARY LOU TR
825 CENTER STREET #19C
JUPITER, FL 33458 US

Name and Address of New Registered Agent:

JOZEPIAK, DENIECE TR
P.O. BOX 510174
PUNTA GORDA, FL 33951 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: DENIECE JOZEPIAK

01/21/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES () Delete
Name: ALLISON, MARY LOU
Address: 825 CENTER STREET #19C
City-St-Zip: JUPITER, FL 33458 US

Title: PRES () Delete
Name: HECKMAN, LEA
Address: 1509 ARNOLD DRIVE
City-St-Zip: MELBOURNE, FL 32935 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: JOZEPIAK, DENIECE CMA
Address: P.O. BOX 510174
City-St-Zip: PUNTA GORDA, FL 33951 US

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DENIECE JOZEPIAK, CMA

TRES

01/21/2005

Electronic Signature of Signing Officer or Director

Date