

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000369

FILED  
Feb 13, 2006  
Secretary of State

**Entity Name:** FLORIDA SOCIETY OF MEDICAL ASSISTANTS, INC.

**Current Principal Place of Business:**

3410 COUNTRY CLUB LANE  
PUNTA GORDA, FL 33951 US

**New Principal Place of Business:**

4067 ASHBY LANE  
NORTH PORT, FL 34288 US

**Current Mailing Address:**

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

**New Mailing Address:**

4067 ASHBY LANE  
NORTH PORT, FL 34288 US

FEI Number: 51-0444499

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOZEFIAK, DENIECE TR  
P.O. BOX 510174  
PUNTA GORDA, FL 33951 US

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

JOZEFIAK, DENIECE TR  
4067 ASHBY LANE  
NORTH PORT, FL 34288 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 JOZEFIAK

02/13/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TRES ( ) Delete  
Name: JOZEFIAK, DENIECE CMA  
Address: P.O. BOX 510174  
City-St-Zip: PUNTA GORDA, FL 33951 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: JOZEFIAK, DENIECE CMA  
Address: 4067 ASHBY LANE  
City-St-Zip: NORTH PORT, FL 34288 US

Title: PRES (X) Change ( ) Addition  
Name: FRANCIS, CAROL  
Address: 3400 NEPTUNE DRIVE  
City-St-Zip: ORLANDO, FL 32804 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DENIECE JOZEFIAK

TREA

02/13/2006

Electronic Signature of Signing Officer or Director

Date