

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000369

FILED
Jan 29, 2007
Secretary of State

Entity Name: FLORIDA SOCIETY OF MEDICAL ASSISTANTS, INC.

Current Principal Place of Business:

4067 ASHBY LANE
NORTH PORT, FL 34288 US

New Principal Place of Business:

1509 ARNOLD DR
MELBOURNE, FL 32935 US

Current Mailing Address:

4067 ASHBY LANE
NORTH PORT, FL 34288 US

New Mailing Address:

1509 ARNOLD DR
MELBOURNE, FL 32935 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
4067 ASHBY LANE
NORTH PORT, FL 34288 US

Name and Address of New Registered Agent:

HECKMAN, LEA A TR
1509 ARNOLD DR
MELBOURNE, FL 32935 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: LEA A HECKMAN, CMA

01/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TRES () Delete
Name: JOZEFIAK, DENIECE CMA
Address: 4067 ASHBY LANE
City-St-Zip: NORTH PORT, FL 34288 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TRES (X) Change () Addition
Name: HECKMAN, LEA A CMA
Address: 1509 ARNOLD DR
City-St-Zip: MELBOURNE, FL 32935 US

Title: PRES (X) Change () Addition
Name: PETSALIS, CHRISTINE CMA
Address: 11601 75TH AVENUE
City-St-Zip: SEMINOLE, FL 33772 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: LEA A HECKMAN, C MA

TR

01/29/2007

Electronic Signature of Signing Officer or Director

Date