

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90567 026 ****61.25

DOCUMENT # N03000004385

1. Entity Name
**FLORIDA MEDICAL MANUFACTURER'S CONSORTIUM,
INC.**



Principal Place of Business
**11001 ROOSEVELT BLVD. N., SUITE 150
ST. PETERSBURG, FL 33716**

Mailing Address
**11001 ROOSEVELT BLVD. N., SUITE 150
ST. PETERSBURG, FL 33716**

20036425



03032005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
81-0623391

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HAVRAN, GEARY
11001 ROOSEVELT BLVD. N., SUITE 150
ST. PETERSBURG, FL 33716**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CARLSON, WILLIAM
ONE TAMPA CITY CENTER, SUITE 2760
TAMPA, FL 33602**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CHRISTMAN, SUZANNE
14010 ROOSEVELT BLVD., SUITE 704
CLEARWATER, FL 33762**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
ENERSON, JON
11600 9TH ST. NORTH
ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FAILOR, JIM
7990 114TH AVE. NORTH
LARGO, FL 33773**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HAVRAN, GEARY
11001 ROOSEVELT BLVD., SUITE 150
ST. PETERSBURG, FL 33716**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MARTIN-VEGA, LOUIS
4202 E. FOWLER AVE., ENB 118
TAMPA, FL 336205350**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **GEARY A HAVRAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/05
Date

727-570-2293
Daytime Phone #