2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N03000004385

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

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

DO NOT WRITE IN THIS SPACE

02132006 No Chg-NP CR2E037 (11/05)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

UI00000518850
05/02/06-80029-011 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	CARLSON, WILLIAM
STREET ADDRESS	ONE TAMPA CITY CENTER, SUITE 2760
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	CHRISTMAN, SUZANNE
STREET ADDRESS	14010 ROOSEVELT BLVD., SUITE 704
CITY-ST-ZIP	CLEARWATER, FL 33762
TITLE	D
NAME	ENERSON, JON
STREET ADDRESS	11600 9TH ST. NORTH
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	D
NAME	FAILOR, JIM
STREET ADDRESS	7990 114TH AVE. NORTH
CITY-ST-ZIP	LARGO, FL 33773
TITLE	D
NAME	HAVRAN, GEARY
STREET ADDRESS	11001 ROOSEVELT BLVD., SUITE 150
CITY-ST-ZIP	ST. PETERSBURG, FL 33716
TITLE	D
NAME	MARTIN-VEGA, LOUIS
STREET ADDRESS	4202 E. FOWLER AVE., ENB 118
CITY-ST-ZIP	TAMPA, FL 336205350

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 GEARY A HAVRAN, DIRECTOR 4/16/06 727-570-2293
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #