

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90197 030 ****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**

2. Principal Place of Business - No P.O. Box #
325 John Knox Rd.

3. Mailing Address
325 John Knox Rd.

Suite, Apt. #, etc.
L-103

Suite, Apt. #, etc.
L-103

City & State
Tallahassee, FL

City & State
Tallahassee, FL

Zip
32303

Country
USA

Zip
32303

Country
USA

04172008 Chg-NP CR2E037 (12/06)

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**

7. Name and Address of New Registered Agent

Name **Peter Lohrengel**
Street Address (P.O. Box Number is Not Acceptable)
325 John Knox Rd.
L-103
City **Tallahassee** FL Zip Code **32303**

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]

Peter Lohrengel

4/17/2008

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

(NOTE: Registered Agent signature required when translating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE **D** ☐ Delete
NAME **RAY, JOHN**
STREET ADDRESS **325 JOHN KNOW RD. STE 201**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**

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

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

TITLE **D** ☒ Delete
NAME **CARLUCCI, CARL**
STREET ADDRESS **4202 E. FOWLER AVE.**
CITY-ST-ZIP **TAMPA, FL 336205350**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08
Date

727-570-2293
Daytime Phone #