

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004385

FILED  
Jan 29, 2009  
Secretary of State

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

**Current Principal Place of Business:**

325 JOHN KNOX RD.  
L-103  
TALLAHASSEE, FL 32303

**New Principal Place of Business:**

**Current Mailing Address:**

325 JOHN KNOX RD.  
L-103  
TALLAHASSEE, FL 32303

**New Mailing Address:**

**FEI Number:** 81-0623391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUHRENGOL, PETER  
325 JOHN KNOX RD.  
TALLAHASSEE, FL 32303 US

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

NAPIER, BENNETT  
325 JOHN KNOX RD.  
TALLAHASSEE, FL 32303 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: BENNETT NAPIER

01/29/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: CARLSON, WILLIAM  
Address: ONE TAMPA CITY CENTER, SUITE 2760  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: CHRISTMAN, SUZANNE  
Address: 14010 ROOSEVELT BLVD., SUITE 704  
City-St-Zip: CLEARWATER, FL 33762

Title: D ( ) Delete  
Name: RAY, JOHN  
Address: 325 JOHN KNOW RD. STE 201  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete  
Name: FAILOR, JIM  
Address: 7990 114TH AVE. NORTH  
City-St-Zip: LARGO, FL 33773

Title: D ( ) Delete  
Name: HAVRAN, GEARY  
Address: 11001 ROOSEVELT BLVD., SUITE 150  
City-St-Zip: ST. PETERSBURG, FL 33716

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: JONES, JIM  
Address: 502 PRAIRIE MINE ROAD  
City-St-Zip: MULBERRY, FL 33860

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: RAY, JOHN  
Address: PO BOX 7683  
City-St-Zip: TALLAHASSEE, FL 32314

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: HAVRAN, GEARY  
Address: 11001 ROOSEVELT BLVD., SUITE 150  
City-St-Zip: ST. PETERSBURG, FL 33716

I hereby certify that the information supplied with this filing does not qualify 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: BENNETT NAPIER

D

01/29/2009

Electronic Signature of Signing Officer or Director

Date