

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004385

FILED  
Jan 08, 2010  
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:**

2699 1ST AVENUE NORTH  
ST. PETERSBURG, FL 33713

**Current Mailing Address:**

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

**New Mailing Address:**

2699 1ST AVENUE NORTH  
ST. PETERSBURG, FL 33713

**FEI Number:** 81-0623391

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

WEITLAUF, DANIELLE  
2699 1ST AVENUE N.  
ST. PETERSBURG, FL 33713 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: DANIELLE WEITLAUF

01/08/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: JONES, JIM  
Address: 502 PRAIRIE MINE ROAD  
City-St-Zip: MULBERRY, FL 33860

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

Title: D  
Name: RAY, JOHN  
Address: PO BOX 7683  
City-St-Zip: TALLAHASSEE, FL 32314

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

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

Title: D  
Name: STEARNS, ALEX  
Address: 10610 75TH STREET N.  
City-St-Zip: LARGO, FL 33777

I hereby 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 all other like empowered.

SIGNATURE: GEARY HAVRAN

P

01/08/2010

Electronic Signature of Signing Officer or Director

Date