

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007385

FILED
Apr 13, 2005
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MEDICAL ADMINISTRATORS INC.

Current Principal Place of Business:

600 FLEMING AVE
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

600 FLEMING AVE
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 20-1353288

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, SHARON D
600 FLEMING AVE
GREENACRES, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCCONNELL, SHARON D
Address: 600 FLEMING AVE
City-St-Zip: GREENACRES, FL 33463

Title: VP () Delete
Name: PURE, TRACY
Address: 121 W PLUMOSA LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: SECY () Delete
Name: RICE, ELLEN
Address: 1395 ST. RD. 7 SUITE 350
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SHARON D. MCCONNELL

PRES

04/13/2005

Electronic Signature of Signing Officer or Director

Date