

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007385

FILED  
Apr 08, 2006  
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:**

121 PLUMOSA LANE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

600 FLEMING AVE  
GREENACRES, FL 33463

**New Mailing Address:**

121 PLUMOSA LANE  
LAKE WORTH, FL 33467

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:**

MCCONNELL, SHARON D  
290 AKRON RD  
LAKE WORTH, FL 33467 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: SHARON D. MCCONNELL

04/08/2006

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: P (X) Change ( ) Addition  
Name: MCCONNELL, SHARON D  
Address: 290 AKRON RD.  
City-St-Zip: LAKE WORTH, FL 33467

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 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: SHARON D. MCCONNELL

PRES

04/08/2006

Electronic Signature of Signing Officer or Director

Date