

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000007385

FILED
Aug 02, 2008
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MEDICAL ADMINISTRATORS INC.

Current Principal Place of Business:

121 PLUMOSA LANE
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

121 PLUMOSA LANE
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-1353288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCCONNELL, SHARON D
290 AKRON RD
LAKE WORTH, FL 33467 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: 290 AKRON RD.
City-St-Zip: LAKE WORTH, FL 33467

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: PURE, TRACY O
Address: 121 W.PLUMOSA LANE
City-St-Zip: LAKE WORTH, FL 33467

Title: VP (X) Change () Addition
Name: WEBER, LISA
Address: 5063 10TH AVE N
City-St-Zip: GREENACRES, FL 33463

Title: SECY (X) Change () Addition
Name: SAUDERS, LISA
Address: 5511 S. CONGRESS AVE
City-St-Zip: WELLINGTON, FL 33462

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: TRACY O PURE

P

08/02/2008

Electronic Signature of Signing Officer or Director

Date