

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N04000007385

**FILED**  
**Apr 22, 2011**  
**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:**

6749 BULRUSH CT.  
WEST PALM BEACH, FL 33413

**Current Mailing Address:**

121 PLUMOSA LANE  
LAKE WORTH, FL 33467

**New Mailing Address:**

6749 BULRUSH CT.  
WEST PALM BEACH, FL 33413

**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  
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  
Name: WEBER, LISA  
Address: 5063 10TH AVE N  
City-St-Zip: GREENACRES, FL 33463

Title: VP  
Name: ARENESTEIN, ANN  
Address: 6432 LAKE WORTH RD  
City-St-Zip: GREENACRES, FL 33463

Title: TREA  
Name: ALI, ROBIA  
Address: 6749 BULRUSH CT  
City-St-Zip: WEST PALM BEACH, FL 33413

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:** RABIA ALI

TREA

04/22/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date