

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04920

FILED
Jan 06, 2007
Secretary of State

Entity Name: COMMUNITY MEDICAL CENTER ASSOCIATION, INC.

Current Principal Place of Business:

6170 9TH AVENUE CIRCLE NE
BRADENTON, FL 34212

New Principal Place of Business:

Current Mailing Address:

6170 9TH AVENUE CIRCLE NE
BRADENTON, FL 34212

New Mailing Address:

FEI Number: 59-2466149

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GASSMAN, ALAN A ESQ.
1245 COURT STREET
SUITE 102
CLEARWATER, FL 33756 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: PD () Delete
Name: RAMPERTAAP, MOONASAR P M.D.
Address: 6170 9TH AVENUE CIRCLE NE
City-St-Zip: BRADENTON, FL 34212

Title: SD () Delete
Name: KAUFMAN, STUARY J M.D.
Address: 4002 STATE ROAD 674, #A
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD () Delete
Name: CARUSO, MICHAEL M.D.
Address: 4002 STATE ROAD 674, #A
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: MGR (X) Change () Addition
Name: RAMPERTAAP, MOONASAR P
Address: 6170 9TH AVENUE CIRCLE NE
City-St-Zip: BRADENTON, FL 34212

Title: SD (X) Change () Addition
Name: KAUFMAN, STUARY J
Address: 4002 STATE ROAD 674, #A
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD (X) Change () Addition
Name: CARUSO, MICHAEL
Address: 4002 STATE ROAD 674, #A
City-St-Zip: SUN CITY CENTER, FL 33573

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: MP RAMPERTAAP

MGR

01/06/2007

Electronic Signature of Signing Officer or Director

Date