

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003249

FILED  
Apr 26, 2006  
Secretary of State

**Entity Name:** SOUTH FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

1500 NW 12TH AVE  
MIAMI, FL 33136 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 NW 12TH AVE  
MIAMI, FL 33136 US

**New Mailing Address:**

**FEI Number:** 20-2601042

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ORTIZ, CESAR  
1500 NW 12TH AVE  
MIAMI, FL 33136 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: LUBINSKI, MARYNELL  
Address: 2301 N. UNIVERSITY DR. #112  
City-St-Zip: PEMBROKE PINES, FL 33024 US

Title: VP ( ) Delete  
Name: FISHER, LISA  
Address: 1500 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136 US

Title: S ( ) Delete  
Name: BARNET, VIVIAN  
Address: 1095 NW 14 TERRACE D4-6 RM: 2-05  
City-St-Zip: MIAMI, FL 33136 US

Title: T ( ) Delete  
Name: RANDALL, CHARLOTTE  
Address: 5503 S. CONGRESS AVE STE 206  
City-St-Zip: ATLANTIS, FL 33462 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: LUBINSKI, MARYNELL  
Address: 7154 N. UNIVERSITY DRIVE, #316  
City-St-Zip: TAMARAC, FL 33321 US

Title: S (X) Change ( ) Addition  
Name: FISHER, LISA  
Address: 1500 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136 US

Title: VP (X) Change ( ) Addition  
Name: BARNET, VIVIAN  
Address: 1095 NW 14 TERRACE D4-6 RM: 2-05  
City-St-Zip: MIAMI, FL 33136 US

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: MARYNELL A LUBINSKI

P

04/26/2006

Electronic Signature of Signing Officer or Director

Date