

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003249

FILED  
Jan 17, 2010  
Secretary of State

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

**Current Principal Place of Business:**

5101 NW 21ST AVENUE  
#440  
FORT LAUDERDALE, FL 33309 US

**New Principal Place of Business:**

**Current Mailing Address:**

5101 NW 21ST AVENUE  
#440  
FORT LAUDERDALE, FL 33309 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:**

MARYNELL, LUBINSKI A  
10350 W BAY HARBOR DRIVE  
PHS  
BAY HARBOR ISLANDS, FL 33154 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: LUBINSKI, MARYNELL  
Address: 10350 W. BAY HARBOR DRIVE, #PHS  
City-St-Zip: BAY HARBOR ISLANDS, FL 33154 US

Title: S  
Name: ORTIZ, CESAR  
Address: 1500 NW 12TH AVE  
City-St-Zip: MIAMI, FL 33136 US

Title: VP  
Name: BLUM, TODD  
Address: 1601 CLINT MOORE ROAD, # 105  
City-St-Zip: BOCA RATON, FL 33487 US

Title: T  
Name: WHITEMAN, ALAN  
Address: 5101 SW 21ST AVVE, #440  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

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: MARYNELL A LUBINSKI

P

01/17/2010

Electronic Signature of Signing Officer or Director

Date