

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 07, 2007 8:00 am**  
**Secretary of State**

03-07-2007 90007 031 \*\*\*\*70.00

**DOCUMENT # N06000004354**

1. Entity Name  
**FLORIDA MEDICAL PRACTICE PLAN, INC.**



Principal Place of Business  
**FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE  
1115 W. CALL STREET  
TALLAHASSEE, FL**

Mailing Address  
**FLORIDA STATE UNIVERSITY COLLEGE OF MEDICINE  
1115 W. CALL STREET  
TALLAHASSEE, FL**

2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip  
**32306-4300** Country

Zip  
**32306-4300** Country

01232007 Chg-NP CR2E037 (12/06)

4. FEI Number **57-1234883**

Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**STEFFENS, BETTY  
THE FLORIDA STATE UNIVERSITY  
424 WESTSCOTT BUILDING  
TALLAHASSEE, FL**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**Make check payable to  
Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>P, D</b>
STREET ADDRESS	<b>JAMES O. HARRIS, M.D.</b>
CITY-ST-ZIP	<b>1115 WEST CALL STREET TALLAHASSEE, FL 32306</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>V, D</b>
STREET ADDRESS	<b>GENE G. RYERSON, M.D.</b>
CITY-ST-ZIP	<b>1115 WEST CALL STREET TALLAHASSEE, FL 32306</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>T, S, D</b>
STREET ADDRESS	<b>ALMA B. LITTLES, M.D.</b>
CITY-ST-ZIP	<b>1115 WEST CALL STREET TALLAHASSEE, FL 32306</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>KEN BRUMMEL-SMITH, M.D.</b>
CITY-ST-ZIP	<b>1115 WEST CALL STREET TALLAHASSEE, FL 32306</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>
STREET ADDRESS	<b>DANIEL J. VAN DURME, M.D.</b>
CITY-ST-ZIP	<b>1115 WEST CALL STREET TALLAHASSEE, FL 32306</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Alma B. Littles, M.D.* **03/01/2007** **850-645-2827**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #