

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90020 031 \*\*\*\*70.00

<b>DOCUMENT # N06000004354</b> 1. Entity Name <b>FLORIDA MEDICAL PRACTICE PLAN, INC.</b>					
Principal Place of Business <b>F S U COLLEGE OF MEDICINE 1115 W. CALL STREET TALLAHASSEE, FL 32306</b>			Mailing Address <b>F S U COLLEGE OF MEDICINE 1115 W. CALL STREET TALLAHASSEE, FL 32306</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
02252008 Chg-NP CR2E037 (12/06)			4. FEI Number <b>57-1234883</b>		
5. Certificate of Status Desired <input checked="" type="checkbox"/>			Applied For Not Applicable		
6. Name and Address of Current Registered Agent <b>STEFFENS, BETTY THE FLORIDA STATE UNIVERSITY 424 WESTSCOTT BUILDING TALLAHASSEE, FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>424 WESTCOTT BUILDING</b> City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRIS, JAMES O M.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAWRENCE G. ABLE, Ph.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD RYERSON, GENE G M.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN R. CARNAGHI 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LITTLES, ALMA B M.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMMEL-SMITH, KEN M.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VAN DURME, DANIEL J M.D. 1115 WEST CALL STREET TALLAHASSEE, FL 32306	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <i>Alma B. Little</i>			<b>MARCH 3, 2008</b>		<b>850-645-2827</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #