2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

ANNUAL REPURT								Secretary of State					
DOCUMENT # N0600004354 1. Entity Name FLORIDA MEDICAL PRACTICE PLAN, INC.										-	31 ****7		
F S U COLLEGE OF MEDICINE F S U 1115 W. CALL STREET 111				lailing Address F S U COLLEGE OF MEDICINE 1115 W. CALL STREET ALLAHASSEE, FL 32306			AUU 34	'. H BEHB PIHI 10			1 363 ing lang	KAMAN AN JEBN	
2. Principal P	Place of Busin	3. Mailing Address											
Suite, Apt. #, etc.			Suite, Apt. #, etc.					02252008	Chg-Ni	•	CR2E0	37 (12/06)	
City & State			City & State				4. FEI Number 57-123488						Applied For
Zip		Country	Zip		Cour	ntry		-5. Certificate	of Status E	esired	. 🔟	\$8.75 Ac	iditional
	6. Name	and Address of Current	Registered	Agent				7. Name and	d Address	of New Re	gistered	Agent	
						Name							
STEFFENS, BETTY THE FLORIDA STATE UNIVERSITY 424 WESTSCOTT BUILDING					-	Street A	ddress (P.O. Box Numb	er is Not Ad	ceptable)			
TALLAHA		OILDING		424 W			4 W	ESTCOT	TB	VILD	1216		
						City					FL	Zip Co	de
the obligat	tions of regist	y submits this statement for ered agent.	i trie porpos	e of Changing its	registere	o onice o	i register	ed agent, or oc)(11, 111 tile Si	ate of Fiori	ua. ram	ianiai wiii	, and accept
SIGNATURE	Filing Fe	or printed name of registered agent e is \$61.25 lay 1, 2008	and title if applica	9. Election Cam Trust Fund C	npaign Fi	nancing	ture required	\$5.00 May Added to Fees				k payable	
	Filing Fe	e is \$61.25 lay 1, 2008		9. Election Carr	npaign Fii Contributio	nancing		\$5.00 May Added to Fees		Florid	ke chec la Depai	rtment of S	State
	PO HARRIS, 1115 WES	e is \$61.25		9. Election Carr	npaign Fil Contribution 11. TITLE NAME STREE	inancing on.	D LAWF	\$5.00 May	HANGES TO	OFFICERS Ph. D	ke chec la Depai	rtment of S	N 10
10. TITLE NAME STREET ADDRESS	PD HARRIS, 1115 WES TALLAHA VD RYERSON 1115 WES	e is \$61.25 lay 1, 2008 OFFICERS AND DIF JAMES O M.D. ST CALL STREET		9. Election Cam Trust Fund C	npaign Fin Contribution 11. TITLE NAME STREE CITY- TITLE NAME STREE	inancing on.	D LAWF 1115 TAL D JOHN 1115	\$5.00 May Added to Fees ADDITIONS/CH PENCE G. A WEST CA	NAGHI	Ph.D Ph.D 3230	ke chec la Depar S AND DI	RECTORS I	State N 10
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD HARRIS, 1115 WES TALLAHA VD RYERSON 1115 WES TALLAHA TSD LITTLES, 1115 WES	OFFICERS AND DIF		9. Election Cam Trust Fund C Delete	ITTLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE STREE	nancing on. Et adoress ST-ZIP	D LAWF 1115 TAL D JOHN 1115	\$5.00 May Added to Feet ADDITIONS/CF PENCE G., WEST CA LAHASSE J.R. CAR WEST CA	NAGHI	Ph.D Ph.D 3230	ke chec la Depar S AND DI	RECTORS I	N 10 Addition
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD HARRIS, 1115 WES TALLAHA VD RYERSON TALLAHA TSD LITTLES, 1115 WES TALLAHA D BRUMME 1115 WES	OFFICERS AND DIF		9. Election Cam Trust Fund C Delete Delete Delete	TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE CITY- TITLE NAME STREE NAME STREE CITY-	inancing on. Et address ST-ZIP ET ADDRESS ST-ZIP ET ADDRESS ST-ZIP	D LAWF 1115 TAL D JOHN 1115	\$5.00 May Added to Feet ADDITIONS/CF PENCE G., WEST CA LAHASSE J.R. CAR WEST CA	NAGHI	Ph.D Ph.D 3230	ke chec la Depar S AND DI	RECTORS II Change	N 10 Addition
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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 life empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 3,2008

850-645-2827

Daytime Phone #

Oate