

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004354

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: FLORIDA MEDICAL PRACTICE PLAN, INC.

## Current Principal Place of Business:

F S U COLLEGE OF MEDICINE  
1115 W. CALL STREET  
TALLAHASSEE, FL 32306

## New Principal Place of Business:

## Current Mailing Address:

F S U COLLEGE OF MEDICINE  
1115 W. CALL STREET  
TALLAHASSEE, FL 32306

## New Mailing Address:

FEI Number: 57-1234883      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

STEFFENS, BETTY  
THE FLORIDA STATE UNIVERSITY  
424 WESTCOTT BUILDING  
TALLAHASSEE, FL 32306 US

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:

03/25/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HARRIS, JAMES O M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: VD ( ) Delete  
Name: RYERSON, GENE G M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: TSD ( ) Delete  
Name: LITTLES, ALMA B M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: D ( ) Delete  
Name: BRUMMEL-SMITH, KEN M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: D ( ) Delete  
Name: VAN DURME, DANIEL J M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: D ( ) Delete  
Name: ABELE, LAWRENCE PH.D  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: FOGARTY, JOHN P M.D.  
Address: 1115 WEST CALL STREET  
City-St-Zip: TALLAHASSEE, FL 32306

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ALMA B. LITTLES, M.D.

TSD

03/25/2009

Electronic Signature of Signing Officer or Director

Date