

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004354

FILED
Apr 19, 2011
Secretary of State

Entity Name: FLORIDA MEDICAL PRACTICE PLAN, INC.

Current Principal Place of Business:

FLORIDA STATE UNIV COLLEGE OF MEDICINE
1115 WEST CALL STREET
TALLAHASSEE, FL 32306

New Principal Place of Business:

Current Mailing Address:

FLORIDA STATE UNIV COLLEGE OF MEDICINE
1115 WEST 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 J
THE FLORIDA STATE UNIVERSITY
424 WESTCOTT BUILDING
TALLAHASSEE, FL 32306 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: PD
Name: FOGARTY, JOHN P M.D.
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306

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

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

Title: D
Name: BRADLEY, ROBERT B PH.D.
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306

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

Title: D
Name: CARNAGHI, JOHN M.S.
Address: 1115 WEST CALL STREET
City-St-Zip: TALLAHASSEE, FL 32306

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: JOHN P. FOGARTY

PD

04/19/2011

Electronic Signature of Signing Officer or Director

Date