

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008406

FILED
Mar 24, 2008
Secretary of State

Entity Name: FLORIDA MEDICAL ASSOCIATION FOUNDATION, INC.

Current Principal Place of Business:

123 S ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 72-1619522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

SCOTT, KIMBERLY S VP
123 S ADAMS STREET
TALLAHASSEE, FL 32301 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: KIMBERLY S. SCOTT

03/24/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLOVER, SHELLEY C MD
Address: 1725 E HIGHWAY 50
City-St-Zip: CLERMONT, FL 34711

Title: ST () Delete
Name: COSGROVE, LISA A MD
Address: 319 KENT DR
City-St-Zip: COCOA BEACH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KIMBERLY S SCOTT

VP

03/24/2008

Electronic Signature of Signing Officer or Director

Date