

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008406

FILED
Feb 24, 2009
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:

123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

Current Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302

New Mailing Address:

PO BOX 10269
TALLAHASSEE, FL 32302 US

FEI Number: 72-1619522

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCOTT, KIMBERLY S VP
123 S ADAMS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

STAPLETON, TIMOTHY J EVP
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: TIMOTHY J. STAPLETON

02/24/2009

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: COSGROVE, LISA A MD
Address: 319 KENT DR
City-St-Zip: COCOA BEACH, FL 32931 US

Title: ST (X) Change () Addition
Name: DEGENNARO, VINCENT A MD
Address: 1431 S OCEAN BLVD, APT 65
City-St-Zip: POMPANO BEACH, FL 33062 US

Title: VP () Change (X) Addition
Name: STAPLETON, TIMOTHY J EVP
Address: 123 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301 US

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: TIMOTHY J. STAPLETON

EVP

02/24/2009

Electronic Signature of Signing Officer or Director

Date