

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N07000006570

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

**Current Principal Place of Business:**

60 WEST GORE STREET  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

60 WEST GORE STREET  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 26-0463207

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WYNNE, DOROTHEA  
60 WEST GORE STREET  
ORLANDO, FL 32806 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: VP  
Name: BRYAN, JOAN  
Address: 1613 NORTH MILLS  
City-St-Zip: ORLANDO, FL 32803

Title: P  
Name: FORGIONE, BARBARA  
Address: 1214 E CONCORD STREET  
City-St-Zip: ORLANDO, FL 32803

Title: S  
Name: TODD, GINA  
Address: 1701 N. MILLS AVENUE  
City-St-Zip: ORLANDO, FL 32803

Title: T  
Name: LUIKART, MARK  
Address: 846 LAKE HOWELL ROAD  
City-St-Zip: MAITLAND, FL 32751

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: BARBARA FORGIONE

PRES

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date