

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006570

FILED
Jan 24, 2012
Secretary of State

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

Current Principal Place of Business:

3670 MAGUIRE BLVD
STE 220
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

3670 MAGUIRE BLVD
STE 220
ORLANDO, FL 32803

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:

RENTON, GREGORY
3670 MAGUIRE BLVD
STE 220
ORLANDO, FL 32803 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: P
Name: RENTON, GREGORY
Address: 3670 MAGUIRE BLVD, STE 220
City-St-Zip: ORLANDO, FL 32803

Title: V
Name: O'LEARY, M. LYNN
Address: 10131 W. COLONIAL DRIVE, STE 20
City-St-Zip: OCOEE, FL 34761

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: MARK E LUIKART

TRES

01/24/2012

Electronic Signature of Signing Officer or Director

Date