

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003087

FILED
Apr 29, 2009
Secretary of State

Entity Name: MID-FLORIDA MEDICAL GROUP MANAGEMENT ASSOCIATION, INC.

Current Principal Place of Business:

5051 SE 110TH STREET
BELLEVIEW, FL 34420

New Principal Place of Business:

Current Mailing Address:

5051 SE 110TH STREET
BELLEVIEW, FL 34420

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MENICHINO, THOMAS
5051 SE 110TH STREET
BELLEVIEW, FL 34420 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: D () Delete
Name: MENICHINO, THOMAS
Address: 5051 SE 110TH STREET
City-St-Zip: BELLEVIEW, FL 34420

Title: D () Delete
Name: HOPE, DAVID
Address: 1901 SE 18TH AVE 400
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: HART, KATHY
Address: 1805 SE 16TH AVE 1202
City-St-Zip: OCALA, FL 34471

Title: D () Delete
Name: MONCADA, FERNANDO
Address: 1500 SW 1ST AVE
City-St-Zip: OCALA, FL 34474

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: PUTZEYS, ROBERT
Address: 2101 SW 20TH PL
City-St-Zip: OCALA, FL 34471

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: THOMAS MENICHINO

D

04/29/2009

Electronic Signature of Signing Officer or Director

Date