

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003087

FILED
Jan 27, 2011
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: 30-0479728

FEI Number Applied For ()

FEI Number Not Applicable ()

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

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

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

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

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: THOMAS MENICHINO

D

01/27/2011

Electronic Signature of Signing Officer or Director

Date