

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000002407

FILED  
Apr 05, 2012  
Secretary of State

**Entity Name:** CONFERENCE OF FLORIDA MEDICAL SOCIETY EXECUTIVES, INC.

**Current Principal Place of Business:**

17503 MALLARD COURT  
LUTZ, FL 33559

**New Principal Place of Business:**

**Current Mailing Address:**

17503 MALLARD COURT  
LUTZ, FL 33559

**New Mailing Address:**

FEI Number: 26-3080794

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COBBE, FRASER C  
17503 MALLARD COURT  
LUTZ, FL 33559 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: T  
Name: DRAIN, LYNETTE  
Address: 4153 CLARK ROAD  
City-St-Zip: SARASOTA, FL 34233

Title: S  
Name: TORBETT, JEANNE  
Address: 4909 LANNIE ROAD SUITE B  
City-St-Zip: JACKSONVILLE, FL 32218

Title: VCH  
Name: ADAMS, MARGO  
Address: 521 EAST PARK AVENUE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: CH  
Name: GATLIN, LIZ  
Address: 4808 26TH STREET WEST  
City-St-Zip: BRADENTON, FL 34207

Title: PCH  
Name: COBBE, FRASER  
Address: 17503 MALLARD COURT  
City-St-Zip: LUTZ, FL 33559

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: FRASER COBBE

PCH

04/05/2012

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

\_\_\_\_\_  
Date