

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14891

FILED
Jan 21, 2007
Secretary of State

Entity Name: FLORIDA MEDICAL GROUP MANAGERS ASSOCIATION, INC.

Current Principal Place of Business:

P O BOX 210986
ROYAL PALM BEACH, FL 33421 US

New Principal Place of Business:

4288 ASHINGTON DRIVE
BIRMINGHAM, AL 35242 US

Current Mailing Address:

P O BOX 210986
ROYAL PALM BEACH, FL 33421 US

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:

O'CONNELL, AL
200 E SHERIDIAN RD
MELBOURNE, FL 32901 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 () Delete
Name: ORTIZ, CESAR
Address: 1500 NW 12 AVE., SUITE 1028
City-St-Zip: MIAMI, FL 33136

Title: TD () Delete
Name: WYNNE, DOROTHEA
Address: 60 W GORE STREET
City-St-Zip: ORLANDO, FL 32806

Title: D () Delete
Name: O'CONNELL, AL
Address: 200 E SHERIDAN ROAD
City-St-Zip: PALM BAY, FL 32907

Title: VD () Delete
Name: LENTO, JUDITH
Address: 11945 SAN JOSE BLVD., BLDG 400
City-St-Zip: JACKSONVILLE, FL 32223

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

Title: ED () Change (X) Addition
Name: LISA, BEARD
Address: 4288 ASHINGTON DRIVE
City-St-Zip: BIRMINGHAM, AL 35242

I hereby certify that the information supplied with this filing does not qualify for the 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: LISA BEARD

ED

01/21/2007

Electronic Signature of Signing Officer or Director

Date