

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14891

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: FLORIDA MEDICAL GROUP MANAGERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4288 ASHINGTON DRIVE  
BIRMINGHAM, AL 35242 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 210986  
ROYAL PALM BEACH, FL 33421 US

**New Mailing Address:**

FEI Number: 59-2674412

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WYNNE, DOROTHEA M  
60W GORE ST  
ORLANDO, FL 32806 US

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

WYNNE, DOROTHEA M  
60 W GORE ST  
ORLANDO, FL 32806 US

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: DOROTHEA M WYNNE

01/27/2009

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: VP ( ) Delete  
Name: MERCHBERGER, BRENDA  
Address: 930 S. HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32901

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

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MERCHBERGER, BRENDA  
Address: 930 S HARBOR CITY BOULEVARD  
City-St-Zip: MELBOURNE, FL 32901

Title: T (X) Change ( ) Addition  
Name: WYNNE, DOROTHEA M  
Address: 60 W GORE STREET  
City-St-Zip: ORLANDO, FL 32806

Title: VP (X) Change ( ) Addition  
Name: VALENTIN, JO ANNE L  
Address: 31860 US HIGHWAY 19 NORTH  
City-St-Zip: PALM HARBOR, FL 33806

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

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: DOROTHEA M WYNNE

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01/27/2009

Electronic Signature of Signing Officer or Director

Date