2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# N25064

Entity Name: THE FLORIDA MEDICAL ASSOCIATION ALLIANCE FOUNDATION, INC.

Current Principal Place of Business:

123 S ADAMS STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

P O BOX 10269
TALLAHASSEE, FL 32302

New Mailing Address:

FEI Number: 59-2896690 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORTHAM, SANDRA B
123 S ADAMS STREET
TALLAHASSEE, FL 32301 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: EVPD ( ) Delete
Name: MORTHAM, SANDRA B
Address: 123 S ADAMS
City-St-Zip: TALLAHASSEE, FL 32301

Title: PED ( ) Delete
Name: XAVIER, ROSEMARY
Address: 748 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: PVD ( ) Delete
Name: HALE, ELAINE
Address: 1136 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: SD ( ) Delete
Name: ANDERSON, ANN
Address: 5124 INAGUA WAY
City-St-Zip: NAPLES, FL 34119

Title: PD ( ) Delete
Name: CHOUINARD, KAREN
Address: 2110 EDGEWATER CIRCLE
City-St-Zip: WINTER HAVEN, FL 33880

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PED (X) Change ( ) Addition
Name: HALE, ELAINE
Address: 1136 GATLIN AVENUE
City-St-Zip: ORLANDO, FL 32806

Title: PVD (X) Change ( ) Addition
Name: ANDREWS, DIANE
Address: 1821 ALAQUA DRIVE
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change ( ) Addition
Name: ARAIN, PAMELA
Address: 120 HICKORY CREEK BLVD
City-St-Zip: BRANDON, FL 33511

Title: PD (X) Change ( ) Addition
Name: XAVIER, ROSEMARY
Address: 748 LAKESIDE DRIVE
City-St-Zip: NORTH PALM BEACH, FL 33408

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: SANDRA MORTHAM EVPD 04/12/2007

Electronic Signature of Signing Officer or Director — Date