

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 23, 2001 08:00 AM****Secretary of State****DOCUMENT # N44374****1. Entity Name**
FLORIDA MEDICAL DIRECTORS ASSOCIATION, INC.**Principal Place of Business**
200 BUTLER STREET
SUITE 305
WEST PALM BEACH
33407
US
Mailing Address
200 BUTLER STREET
SUITE 305
WEST PALM BEACH
33407
US**2. Principal Place of Business**
Suite, Apt. #, etc.
3. Mailing Address
Suite, Apt. #, etc.**City & State**
City & State
4. FEI Number
59-3079300
Applied For
Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
FRASER MALCOLM
2191 NINTH AVE N
#100
ST PETERSBURG
33713
US
7. Name and Address of New Registered Agent
Name
FRASER MALCOLM
Street Address (P.O. Box Number is Not Acceptable)
2191 NINTH AVE N
#100
City
ST PETERSBURG
FL
Zip Code
33713**8. 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** **01/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE**FILE NOW:**
FEE IS \$61.25
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.
Make Check Payable to Department of State**10. OFFICERS AND DIRECTORS**
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	Change	Addition
KUTNER MORRIS M	3058 HIGHLANDS-BY-THE-LAKE WAY, #6 LAKELAND FL 33813	<input type="checkbox"/>	<input type="checkbox"/>
FRASER, MALCOLM	2191 NINTH AVE. ST. PETERSBURG FL 33713	<input type="checkbox"/>	<input type="checkbox"/>
POTOMSKI JOHN	720 E. NEW HAVEN AVE #8 MELBOURNE FL 32901	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**SIGNATURE:** Malcolm Fraser **D** **01/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E037 (11/00)