

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2002 8:00 am
Secretary of State

02-28-2002 90061 001 ****61.25

DOCUMENT # N44374

1. Entity Name

FLORIDA MEDICAL DIRECTORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**200 BUTLER STREET
 SUITE 305
 WEST PALM BEACH FL 33407
 US**

**200 BUTLER STREET
 SUITE 305
 WEST PALM BEACH FL 33407
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3079300

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FRASER, MALCOLM
 2191 NINTH AVE N
 #100
 ST PETERSBURG FL 33713**

Name
Ian L. Cordes

Street Address (P.O. Box Number is Not Acceptable)
200 Butler Street,

Suite 305

City
West Palm Beach

FL

Zip Code
33407

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

[Signature]

Ian L. Cordes, Executive Director 01/15/02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POTOMSKI, JOHN, DO., CMD	
STREET ADDRESS	720 E. New Haven Ave #11	
CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHERRY KING, MD., CMD	
STREET ADDRESS	4071 Cove Saint Johns Rd	
CITY-ST-ZIP	Jacksonville, FL 32277	
TITLE	D/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gambone, Victor MD., CMD	
STREET ADDRESS	2539 Gary Circle Unit 604	
CITY-ST-ZIP	Dunedin, FL 34698	
TITLE	D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	IRVIN, JR, E. COY, MD., CMD	
STREET ADDRESS	4501 N. Davis Hwy #A	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

[Signature]

Sherry King, President 01/15/02 (561)659-5581

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)