

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44374

FILED
Apr 20, 2005
Secretary of State

Entity Name: FLORIDA MEDICAL DIRECTORS ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3079300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IAN, CORDES L
200 BUTLER STREET
STE 305
WEST PALM BEACH, FL 33407 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: DC () Delete
Name: POTOMSKI, JOHN DO.,CMD
Address: 720 E. NEW HAVEN AVE #11
City-St-Zip: MELBOURNE, FL 32901

Title: DV () Delete
Name: CARL, SUCHAR DO,CMD
Address: 613 S. MYRTLE AVENUE
City-St-Zip: CLEARWATER, FL 33756

Title: DP () Delete
Name: GAMBONE, VICTOR MD.,CMD
Address: 2539 GARY CIRCLE UNIT 604
City-St-Zip: DUNEDIN, FL 34698

Title: DST () Delete
Name: JEFFREY, BEHRENS MD, CMD
Address: 120 JFK DRIVE, SUITE 120
City-St-Zip: ATLANTIS, FL 33461

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:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: IAN CORDES

RA

04/20/2005

Electronic Signature of Signing Officer or Director

Date