

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44374

FILED  
Apr 28, 2008  
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:

CORDES, IAN L  
200 BUTLER STREET  
STE 305  
WEST PALM BEACH, FL 33407 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: IAN CORDES

04/28/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVP ( ) Delete  
Name: POTOMSKI, JOHN DO.,CMD  
Address: 720 E. NEW HAVEN AVE #11  
City-St-Zip: MELBOURNE, FL 32901

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

Title: DC ( ) Delete  
Name: KUTNER, MORRIS MD.,CMD  
Address: 3058 HIGHLANDS-BY-THE-LAKE  
City-St-Zip: LAKELAND, FL 33813

Title: DST ( ) Delete  
Name: JEFFREY, BEHRENS MD, CMD  
Address: 1901 S. CONGRESS AVENUE STE. #420  
City-St-Zip: BOYNTON BEACH, FL 33426

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: POTOMSKI, JOHN DO, CMD  
Address: 720 E. NEW HAVEN AVE #11  
City-St-Zip: MELBOURNE, FL 32901

Title: DVP (X) Change ( ) Addition  
Name: THOMAS, HUGH DO,CMD  
Address: 985 STATE ROAD 436  
City-St-Zip: CASSELBERRY, FL 32707

Title: DC (X) Change ( ) Addition  
Name: GAMBONE, VICTOR MD, CMD  
Address: 2539 GARY CIRCLE, APT. #604  
City-St-Zip: DUNEDIN, FL 34698

Title: DST (X) Change ( ) Addition  
Name: FORTIER, DANIEL MD, CMD  
Address: 2801 N. FLAGLER DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33407

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: IAN CORDES

RA

04/28/2008

Electronic Signature of Signing Officer or Director

Date