

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44374

FILED
Jan 16, 2009
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:

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

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

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

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

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 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: ILC

ED

01/16/2009

Electronic Signature of Signing Officer or Director

Date