2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

DOCUMENT# N44374

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: DVP
Name: SYMEONIDES, JOHN G MD, CMD
Address: 21 UTILITY DRIVE, UNIT D
City-St-Zip: PALM COAST, FL 32137

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: IAN L CORDES RA 01/06/2010

Electronic Signature of Signing Officer or Director Date