

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44374

FILED
Feb 05, 2012
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
Name: SYMEONIDES, JOHN G MD, CMD
Address: 21 UTILITY DRIVE, UNIT D
City-St-Zip: PALM COAST, FL 32137

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

Title: DC
Name: JOHN, POTOMSKI DO, CMD
Address: 720 E. NEW HAVEN AVE., SUITE 11
City-St-Zip: MELBOURNE, FL 32901

Title: DST
Name: LEONARD, HOCK MD, CMD
Address: 1531 W. PALMETTO PARK RD.
City-St-Zip: BOCA RATON, FL 33486

Title: DVP
Name: ROBERY, KAPLAN MD, CMD
Address: 140 WEST YORK COURT
City-St-Zip: LONGWOOD, FL 32779

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

02/05/2012

Electronic Signature of Signing Officer or Director

Date