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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47349 (8)
 1. Corporation Name
FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.



Principal Place of Business 940 HIGHLANDS AVE. ORLANDO FL 32803	Mailing Address 940 HIGHLANDS AVE. ORLANDO FL 32803
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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3. Date Incorporated or Qualified 02/17/1992
4. FEI Number NOT APPLICABLE
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent KILGORE, FRANK H JR. 940 HIGHLANDS AVE. ORLANDO FL 32803
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BROWN, KATHLEEN	1.2 NAME	NANCY ODEH
STREET ADDRESS	13017 155TH PL N.	1.3 STREET ADDRESS	3231 BETTY DR
CITY-ST-ZIP	JUPITER FL	1.4 CITY-ST-ZIP	SARASOTA, FL 34232
TITLE	VD	2.1 TITLE	VD
NAME	ROCHE, KATHLEEN	2.2 NAME	AYMARA MIRALLA
STREET ADDRESS	1825 NEWPORT LN.	2.3 STREET ADDRESS	P.O. BOX 6000
CITY-ST-ZIP	FT. LAUDERDALE FL 33326-2731	2.4 CITY-ST-ZIP	OCALA, FL 34478
TITLE	SD	3.1 TITLE	SD
NAME	FREDETTE, PAT	3.2 NAME	KATHLEEN J. CARR
STREET ADDRESS	8417 140TH ST. NO.	3.3 STREET ADDRESS	14890 63RD ST N
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	CLEARWATER, FL 34620
TITLE	TD	4.1 TITLE	TD
NAME	CARAWAY, KAREN	4.2 NAME	GLORIANN E. DICKINSON
STREET ADDRESS	819 WHITEWOOD DR.	4.3 STREET ADDRESS	113 JOSHUA COURT
CITY-ST-ZIP	DELTONA FL 32725	4.4 CITY-ST-ZIP	AUBURNDALE, FL 33823
TITLE		5.1 TITLE	D
NAME		5.2 NAME	BROWN KATHLEEN
STREET ADDRESS		5.3 STREET ADDRESS	13017 155TH PL N
CITY-ST-ZIP		5.4 CITY-ST-ZIP	JUPITER FL
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gloriann E. Dickinson* **GLORIANN E. DICKINSON** 3-17-98 3054 941-293-1121 EXT

CR2E037 (10/97)