

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N47349

1. Entity Name

FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 90182 005 ****70.00

Principal Place of Business

940 HIGHLANDS AVE.
ORLANDO FL 32803

Mailing Address

940 HIGHLANDS AVE.
ORLANDO FL 32803-3237

2. Principal Place of Business

2125 KIRKLAND LAKE DR

Mailing Address

2125 KIRKLAND LAKE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

AUBURNDALE, FL

City & State

AUBURNDALE FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

33823

Country

USA

Zip

33823

Country

USA

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILGORE, FRANK H JR.
940 HIGHLANDS AVE.
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name GLORIANN E. DICKINSON

Street Address (P.O. Box Number is Not Acceptable)

2125 KIRKLAND LAKE DR

City

AUBURNDALE

FL

Zip Code

33823

8. 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

Gloriann Dickinson

4-26-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	ODEH, NANCY	
STREET ADDRESS	3231 BETTY DR	
CITY-ST-ZIP	SARASOTA FL 34232	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	AYMARA, MIRALLA	
STREET ADDRESS	PO BOX 6000	
CITY-ST-ZIP	OCALA FL 34478	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	CARR, KATHLEEN J	
STREET ADDRESS	14890 63RD ST	
CITY-ST-ZIP	CLEARWATER FL 34620	
TITLE	TD	<input type="checkbox"/> Delete
NAME	DICKINSON, GLORIANN E	
STREET ADDRESS	113 JOSHUA COURT	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HAYDUKE, CYNTHIA	
STREET ADDRESS	2307 PREMIER DR	
CITY-ST-ZIP	ST PETERSBURG FL 33707	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BECK, KATHLEEN	
STREET ADDRESS	7562 COURTYARD RUN E	
CITY-ST-ZIP	BOCA RATON FL 33433	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFEL, KAREN	
STREET ADDRESS	6768 MARINA POINTE VIL CT APT 201	
CITY-ST-ZIP	TAMPA, FL 33635	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2125 KIRKLAND LAKE DR	
CITY-ST-ZIP	AUBURNDALE FL 33823	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	19406 CAROLINA CIRCLE	
CITY-ST-ZIP	BOCA RATON, FL 33434	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Gloriann Dickinson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

Date

4-26-00

Daytime Phone #

863-293-1121 x3054

CR2E037 (9/99)