

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2001 8:00 am**  
**Secretary of State**

04-23-2001 90025 039 \*\*\*\*\*61.25

**DOCUMENT # N47349**

1. Entity Name

**FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**2125 KIRKLAND LAKE DRIVE  
 AUBURNDAL FL 33823**

**2125 KIRKLAND LAKE DRIVE  
 AUBURNDAL FL 33823**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

**DICKINSON, GLORIANN  
 2125 KIRKLAND LAKE DRIVE  
 AUBURNDAL FL 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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D.  
 ODEH, NANCY  
 3231 BETTY DR  
 SARASOTA FL 34232**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**P**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD  
 DUFFEL, KAREN  
 6768 MARINA POINTE VIL CT APT 201  
 OCALA FL 34478**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**VD  
 SUE MANFREDI  
 680 64TH AVE. S.  
 ST PETERSBURG, FL 33705**

☐ Change ☒ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**TD  
 DICKINSON, GLORIANN E  
 2125 KIRKLAND LAKE DRIVE  
 AUBURNDAL FL 33823**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**PD  
 HAYDUKE, CYNTHIA  
 2307 PREMIER DR  
 ST PETERSBURG FL 33707**

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**D**

☒ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD  
 BECK, KATHLEEN  
 19406 CAROLINA CIRCLE  
 BOCA RATON FL 33433**

☒ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SD  
 JUDITH MURANTE  
 1169 44TH ST NE  
 ST PETERSBURG, FL 33703**

☐ Change ☐ Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

☐ Change ☐ Addition

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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-6-01**

**863-293-1121 x3059**

Date

Daytime Phone #

CR2E037 (10/00)