

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2002 8:00 am  
Secretary of State

04-30-2002 90053 033 \*\*\*\*61.25

DOCUMENT # N47349

1. Entity Name

FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.

Principal Place of Business

2125 KIRKLAND LAKE DRIVE  
AUBURNDALE FL 33823

Mailing Address

2125 KIRKLAND LAKE DRIVE  
AUBURNDALE FL 33823

2. Principal Place of Business

2950 SW Boxwood Cir

3. Mailing Address

2950 SW Boxwood Cir.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pt. St. Lucie, Fla.

City & State

Pt. St. Lucie, Fla.

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

34953

Country

USA

Zip

34953

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

DICKINSON, GLORIANN  
2125 KIRKLAND LAKE DRIVE  
AUBURNDALE FL 33823

7. Name and Address of New Registered Agent

Name

Lisa Rubie

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

2950 SW Boxwood Cir.

City

Pt. St. Lucie

FL

Zip Code

34953

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

Lisa Rubie

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

(NOTE: Registered Agent signature required when reinstating)

2-11-02

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	P	ODEH, NANCY	<input checked="" type="checkbox"/> Delete
NAME		3231 BETTY DR	
STREET ADDRESS		SARASOTA FL 34232	
CITY-ST-ZIP			
TITLE	VD	MANFREDI, SUE	<input checked="" type="checkbox"/> Delete
NAME		681 64TH AVENUE SOUTH	
STREET ADDRESS		SAINT PETERSBURG FL 33705	
CITY-ST-ZIP			
TITLE	TD	DICKINSON, GLORIANN E	<input checked="" type="checkbox"/> Delete
NAME		2125 KIRKLAND LAKE DRIVE	
STREET ADDRESS		AUBURNDALE FL 33823	
CITY-ST-ZIP			
TITLE	D	HAYDUKE, CYNTHIA	<input checked="" type="checkbox"/> Delete
NAME		2307 PREMIER DR	
STREET ADDRESS		ST PETERSBURG FL 33707	
CITY-ST-ZIP			
TITLE	SD	MURANTE, JUDITH	<input type="checkbox"/> Delete
NAME		1169 44TH STREET NORTHEAST	
STREET ADDRESS		SAINT PETERSBURG FL 33703	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sue Manfredi	
STREET ADDRESS	681 64th Ave. South	
CITY-ST-ZIP	Saint Petersburg, Fl. 33705	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa Rubie	
STREET ADDRESS	2950 SW Boxwood Cir	
CITY-ST-ZIP	Pt. St. Lucie, Fla. 34953	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nancy Odeh	
STREET ADDRESS	3231 Betty Dr.	
CITY-ST-ZIP	Sarasota, Fla. 34232	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Lisa Rubie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-11-02

CR2E037 (9/01)