

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 26, 2004 8:00 am**  
**Secretary of State**

02-26-2004 90020 035 \*\*\*\*61.25

**DOCUMENT # N47349**

1. Entity Name  
**FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.**



Principal Place of Business  
~~2050 SW BOXWOOD CIR~~  
~~PORT SAINT LUCIE, FL 34953~~

Mailing Address  
~~2050 SW BOXWOOD CIR~~  
~~PORT SAINT LUCIE, FL 34953~~



2. Principal Place of Business  
**13200 SW 128 ST**

3. Mailing Address  
**13200 SW 128 ST.**

Suite, Apt. #, etc.  
**B-3**

02022004 Chg-NP CR2E037 (10/03)

City & State  
**MIAMI, FL**

City & State  
**MIAMI, FL**

Zip  
**33186**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

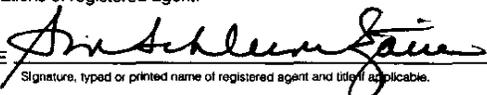
Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**RUBIE, LISA**  
**2950 SW BOXWOOD CIR**  
**PORT SAINT LUCIE, FL 34953**

7. Name and Address of New Registered Agent  
 Name **S. M. SCHLERNITZAUER**  
 Street Address (P.O. Box Number is Not Acceptable)  
**13200 SW 128 ST., #B3**  
 City **MIAMI** FL Zip Code **33186**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **02/23/04**  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

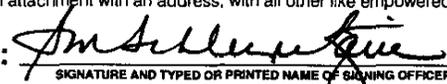
Filing Fee is **\$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE P	<input type="checkbox"/> Delete KERSTETTER, JUDY 205 SE 10TH ST, E-12 DEERFIELD BEACH, FL 33441	TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JUDY KERSTETTER
TITLE D	<input checked="" type="checkbox"/> Delete MANFREDI, SUE 681 64TH AVE S. SAINT PETERSBURG, FL 33705	TITLE VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LISA RUBLE
TITLE TD	<input type="checkbox"/> Delete RUBIE, LISA 2950 SW BOXWOOD CIR PORT SAINT LUCIE, FL 34953	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DEBBIE NALL
TITLE SD	<input type="checkbox"/> Delete GOETTE, JILL 39650 US 19 N., #421 TARPON SPRINGS, FL 34689	TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SUZANNE M. SCHLERNITZAUER 13200 SW 128 ST., #B3 MIAMI, FL 33186
TITLE VP	<input type="checkbox"/> Delete NAIL, DEBBIE 9985 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071		

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:  **02/23/04** (305) 235-7875  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #