
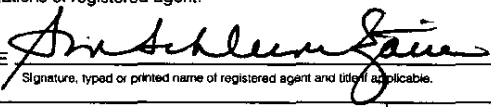



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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 Suite, Apt. #, etc. B-3		3. Mailing Address 13200 SW 128 ST. Suite, Apt. #, etc. B-3			
City & State MIAMI, FL		City & State MIAMI, FL		4. FEI Number NOT APPLICABLE	
Zip 33186	Country USA	Zip 33186	Country USA	5. Certificate of Status Desired <input type="checkbox"/> \$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 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	NAME KERSTETTER, JUDY		TITLE D	NAME JUDY KERSTETTER	
STREET ADDRESS 205 SE 10TH ST, E-12	CITY-ST-ZIP DEERFIELD BEACH, FL 33441		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE D	NAME MANFREDI, SUE		TITLE 	NAME 	
STREET ADDRESS 681 64TH AVE S.	CITY-ST-ZIP SAINT PETERSBURG, FL 33705		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE TD	NAME RUBIE, LISA		TITLE VPD	NAME LISA RUBLE	
STREET ADDRESS 2950 SW BOXWOOD CIR	CITY-ST-ZIP PORT SAINT LUCIE, FL 34953		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE SD	NAME GOETTE, JILL		TITLE 	NAME 	
STREET ADDRESS 39650 US 19 N., #421	CITY-ST-ZIP TARPON SPRINGS, FL 34689		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE VP	NAME NAIL, DEBBIE		TITLE PD	NAME DEBBIE NALL	
STREET ADDRESS 9985 W. ATLANTIC BLVD	CITY-ST-ZIP CORAL SPRINGS, FL 33071		STREET ADDRESS 	CITY-ST-ZIP 	
TITLE 	NAME 		TITLE TD	NAME SUZANNE M. SCHLERNITZAUER	
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 13200 SW 128 ST., #B3	CITY-ST-ZIP MIAMI, FL 33186	
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		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		