

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90431 038 ****61.25

DOCUMENT # N47349

1. Entity Name
FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.



Principal Place of Business

**13200 SW 128 ST
B-3
MIAMI, FL 33186**

Mailing Address

**13200 SW 128 ST
B-3
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



04122005 No Chg-NP

CR2E037 (10/03)

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
13200 SW 128 ST, B-3
MIAMI, FL 33186**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **D**
NAME **KERSTETTER, JUDY**
STREET ADDRESS **205 SE 10TH ST, E-12**
CITY-STATE-ZIP **DEERFIELD BEACH, FL 33441**

TITLE **VD**
NAME **RUBIE, LISA**
STREET ADDRESS **2950 SW BOXWOOD CIR**
CITY-STATE-ZIP **PORT SAINT LUCIE, FL 34953**

TITLE **SD**
NAME **GOETTE, JILL**
STREET ADDRESS **39650 US 19 N., #421**
CITY-STATE-ZIP **TARPON SPRINGS, FL 34689**

TITLE **P**
NAME **NAIL, DEBBIE**
STREET ADDRESS **9985 W. ATLANTIC BLVD**
CITY-STATE-ZIP **CORAL SPRINGS, FL 33071**

TITLE **TD**
NAME **SCHLERNITZAUER, SUZANNE M**
STREET ADDRESS **13200 SW 128 ST, B-3**
CITY-STATE-ZIP **MIAMI, FL 33186**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05
Date

305-235-7875
Daytime Phone #