2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2006 8:00 am
Secretary of State
05-03-2006 90203 043 ****61.25

DOCUMENT # N47349

1. Entity Name
FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
13200 SW 128 ST B-3 MIAMI, FL 33186	13200 SW 128 ST B-3 MIAMI, FL 33186

04172008 Chg-NP CR2E037 (11/05)

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
~~RUBIE, LISA~~ ~~RUBLE, LISA~~ 13200 SW 128 ST, B-3 MIAMI, FL 33186	Name S. M. SCHLERNITZAUER Street Address (P.O. Box Number is Not Acceptable) 13200 SW 128 ST., # B-3 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 [signature] 6-12-06
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, 2006

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D KERSTETTER, JUDY 205 SE 10TH ST, E-12 DEERFIELD BEACH, FL 33441	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PATRICIA KNAPICK 10873 STAFFORD CIRCLE NO. BOYNTON BEACH, FL 33436	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUBIE, LISA 2950 SW BOXWOOD CIR PORT SAINT LUCIE, FL 34953	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD DIANE BOYD-KOSARICH 10430 SPRINGROSE DR. TAMPA, FL 33626	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GOETTE, JILL 39650 US 19 N., #421 TARPON SPRINGS, FL 34689	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JUDY PERSICHINI 4601 PALACE PLACE TITUSVILLE, FL 32796	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P NAIL, DEBBIE 9985 W. ATLANTIC BLVD CORAL SPRINGS, FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KATHLEEN BECK 19406 CAROLINA CIRCLE BOCA RATON, FL 33434	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SCHLERNITZAUER, SUZANNE M 13200 SW 128 ST, B-3 MIAMI, FL 33186	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ 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 exemptions contained in Chapter 119, 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] 4-24-06 305-235-7875
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SUZANNE M. SCHLERNITZAUER