

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N47349

FILED
Jan 31, 2009
Secretary of State

Entity Name: FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.

Current Principal Place of Business:

13200 SW 128 ST
B-3
MIAMI, FL 33186

New Principal Place of Business:

3204 ROUND LAKE ROAD
ZELLWOOD, FL 32798

Current Mailing Address:

13200 SW 128 ST
B-3
MIAMI, FL 33186

New Mailing Address:

P.O. BOX 477
ZELLWOOD, FL 32798

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SCHLERNITZAUER, S.M
13200 SW 128 ST, B-3
MIAMI, FL 33186 US

Name and Address of New Registered Agent:

DEMENT, KATHY
3204 ROUND LAKE ROAD
ZELLWOOD, FL 32798 US

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: KATHY DEMENT

01/31/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: SCHLERNITZAUER, SUZANNE M
Address: 13200 SW 128 ST, B-3
City-St-Zip: MIAMI, FL 33186

Title: V () Delete
Name: HOULIHAN, SHARON B
Address: 9418 WAYPOINT PLACE
City-St-Zip: JACKSONVILLE, FL 322575588

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: DEMENT, KATHY
Address: P.O. BOX 477
City-St-Zip: ZELLWOOD, FL 32798

Title: V (X) Change () Addition
Name: SHANE, ALLEN
Address: 2013 BRENTWOOD DRIVE
City-St-Zip: AUBURNDAL, FL 33823

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHY DEMENT

TD

01/31/2009

Electronic Signature of Signing Officer or Director

Date