

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N47349

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

3204 ROUND LAKE ROAD  
ZELLWOOD, FL 32798

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 477  
ZELLWOOD, FL 32798

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

Title: V  
Name: ORTIZ, HENRY MD  
Address: 1159 CORAL CLUB DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

I hereby 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 all other like empowered.

SIGNATURE: KATHY DEMENT

TD

01/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date