

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90075 039 \*\*\*\*61.25

**DOCUMENT # N47349**

1. Entity Name

**FLORIDA MEDICAL AUDITORS ASSOCIATION, INC.**



Principal Place of Business

**2950 SW BOXWOOD CIR  
PORT SAINT LUCIE FL 34953**

Mailing Address

**2950 SW BOXWOOD CIR  
PORT SAINT LUCIE FL 34953**

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  
2950 SW BOXWOOD CIR  
PORT SAINT LUCIE FL 34953**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

*Lisa Rubie*

Signature, type, or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **D** ☒ Delete  
NAME **ODEH, NANCY**  
STREET ADDRESS **3231 BETTY DR**  
CITY-ST-ZIP **SARASOTA FL 34232**

TITLE **P-Judy Kerstetter** ☐ Change ☒ Addition  
NAME **205 SE 10th E-12**  
STREET ADDRESS **Deerfield Beach, Fla. 33441**  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **MANFREDI, SUE**  
STREET ADDRESS **681 64TH AVENUE SOUTH**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33705**

TITLE **D-Sue Manfredi** ☒ Change ☐ Addition  
NAME **681 64 Ave S.**  
STREET ADDRESS **St. Petersburg, Fla. 33705**  
CITY-ST-ZIP

TITLE **TD** ☐ Delete  
NAME **RUBIE, LISA**  
STREET ADDRESS **2950 SW BOXWOOD CIR**  
CITY-ST-ZIP **PORT SAINT LUCIE FL 34953**

TITLE **VP-Debbie Nait** ☐ Change ☒ Addition  
NAME **9985 W. Atlantic Blvd.**  
STREET ADDRESS **Coral Springs, Fla. 33071**  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **MURANTE, JUDITH**  
STREET ADDRESS **1169 44TH STREET NORTHEAST**  
CITY-ST-ZIP **SAINT PETERSBURG FL 33703**

TITLE **SD. Jill Goettel** ☐ Change ☐ Addition  
NAME **39650 US 19 N. #421**  
STREET ADDRESS **Tarpon Springs, Fla. 34689**  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

*Lisa Rubie* **REQUIRED**

4-1-03 (172) 336-5304

CR2E037 (10/02)