

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005806

FILED
Jan 13, 2012
Secretary of State

Entity Name: THE CERTIFYING COMMISSION IN MEDICAL MANAGEMENT, INC.

Current Principal Place of Business:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602

New Mailing Address:

FEI Number: 31-1487805

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILBAUGH, BARRY R DR
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

ANGOOD, PETER B MD
400 NORTH ASHLEY DRIVE
SUITE 400
TAMPA, FL 33602 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: PETER B ANGOOD MD

01/13/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO
Name: ANGOOD, PETER B MD
Address: 400 NORTH ASHLEY DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33602

Title: P
Name: CALLAN, CLAIR M MD
Address: 400 NORTH ASHLEY DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33602

Title: VP
Name: RIDDLES, LAWRENCE MD
Address: 400 NORTH ASHLEY DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33602

Title: ST
Name: WERNER, MARK J MD
Address: 400 NORTH ASHLEY DRIVE SUITE 400
City-St-Zip: TAMPA, FL 33602

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: PETER B ANGOOD MD

CEO

01/13/2012

Electronic Signature of Signing Officer or Director

Date